



## DofE Participant Enrolment Form

Please print clearly in CAPITALS or type your details in. You must complete all of the questions.

### DofE Centre and group details (if you know them):

DofE Centre: John Ferneley College	DofE group: Silver 2023/24
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### DofE level:

Silver
Have you registered for any previous levels of the DofE?
If YES – please give the name of the DofE Centre you were registered at:
DofE ID Number (if known)

### Personal details:

First name:	Last name:
Date of birth:        /        /	Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>
Email address:	

### Declaration:

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online eDofE system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at [www.eDofE.org](http://www.eDofE.org)

Print Name	Signature	Date
		/    /

### Consent to enrol from parent or guardian (if applicant is under 18 years old).

I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

Print Name	Signature	Date
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