



**Registration Form for adding a level on the Duke of Edinburgh's Award**

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

Scout District:	Explorer Unit Name
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**Personal details**

eDofE number if applying from outside Scouting please provide eDofE number and centre name	<b>It is important that you ensure your ADDRESS &amp; POSTCODE are correct online as your Welcome Pack is posted directly to you from DofE</b>
First name*:	Surname
<b>Enrolment level*:</b> (tick one)	Silver 15yo <input type="checkbox"/> Gold 16yo <input type="checkbox"/>

**Previous levels/sections\* – please tick which sections/levels you have completed:** please provide evidence if other levels are completed outside of West Sussex Scouts.

<b>Bronze</b>	<input type="checkbox"/> Completed award	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Physical	<input type="checkbox"/> Skills	<input type="checkbox"/> Expedition
<b>Silver</b>	<input type="checkbox"/> Completed award	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Physical	<input type="checkbox"/> Skills	<input type="checkbox"/> Expedition

**Please return form with payment for £27.00 for Silver or £34.00 for Gold (£2.00 has been added to cover admin costs) Electronic Payment please – CAF bank Ltd West Sussex Scout Council ACC No 00007195 – Sort Code 40 - 52 – 40.**

**Please note this form is to be emailed only to [countyoffice@westsussexscouts.org.uk](mailto:countyoffice@westsussexscouts.org.uk)**

**\*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	Date	Email address/Signature
	/ /	

**\*If completing electronically please insert email address instead of signature**

**\*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	Date	Email address/Signature
	/ /	

**\*If completing electronically please insert email address instead of signature**



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Note:

Data collected on this form will be used to enable electronic registration with DofE. This data will not be used for any other purpose. Electronic data will be retained for as long as the person is enrolled in the DofE scheme. As soon as the person is registered the data is no longer controlled by TSA and will be controlled by DofE. This paper record will be retained for a period of no more than 6 months and then destroyed. The only reason for this retention is to assist with any admin queries.

**For County use only**

Registered on eDofE	/ /	Username	
Start Date	/ /	User ID number	
Participant Fee Received	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial Password	