

Cost of Participation Places:

Bronze: **£80.00**

Payment can be made on sQuid or by cheque payable to: **Pontarddulais Comprehensive School**

###### OPERATING AUTHORITY: Pontarddulais Comprehensive School

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

|  |
| --- |
| **Personal details** |
| DofE Group:\*       | DofE Centre: **Pontarddulais Comprehensive School** |
| Title:\* : Mr [ ]  Miss [ ]  Ms [ ]  Mrs [ ]  Other       | Home Address 1:       |
| First name:\*       | Home Address 2:       |
| Middle name:\*     | Home Address 3:       |
| Last name:\*       | Home Town/City:       |
| Primary Language:\*       | Home County:       |
| Email:\*       | Home Postcode:       |
| Date of Birth:\*       | Telephone no (home):       |
| Age:       | Telephone no (mobile):       |
| Gender: | Male | [ ]  | Female | [ ]  | Enrolment level:\* (tick one) | Bronze [x]  | Silver [ ]  | Gold [ ]  |
| Name of School, college or University if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please tick if you are in full-time employment or training:  |
| **Previous levels/sections\* – please tick which sections/levels you have completed:** |  | Next of kin name:  |       |
| **Bronze** | **Silver** |  |
| [ ]  Completed entire level | [ ]  Completed entire level |  | Relationship to next of kin: |       |
| [ ]  Volunteering | [ ]  Volunteering |  |
| [ ]  Physical | [ ]  Physical |  | Next of kin telephone:  |       |
| [ ]  Skills | [ ]  Skills |  |
| [ ]  Expedition | [ ]  Expedition |  |  |  |
|  |
| **Consent to enroll from parent or guardian (if applicant is under 18 years old).** I agree to my son / daughter / ward participating in a DofE programme. |
|  | Print Name | Signature | Date |
| Parent/guardian: |       |       |      /     /      |
| I agree to enrol as a participant on a DofE programme. You will be doing your programme using our online *e*DofE system. This system has a set of terms and conditions that you must agree to. These will be available when you access *e*DofE. |
| Applicant: |       |       |      /     /      |

***Return this form to the School office***



The following information is used to help the DofE meet the needs of all young people. Only complete this section if you wish to assist in this way. I would describe myself as (please tick the relevant box):

|  |  |  |
| --- | --- | --- |
| Asian or Asian British | Black or Black British | Chinese or other  |
| Indian  | Pakistani | Bangladeshi  | Other | Caribbean  | African | Other | Chinese | Other |
|  [ ]  | [ ]   |  [ ]  |  [ ]  |  [ ]  | [ ]   | [ ]   | [ ]   | [ ]   |
| Gypsy and Traveller | Mixed | White |
| Irish Traveller | Gypsy | Roma | Other | White & Black Caribbean | White & Black African | White & Asian |  Other |
|  [ ]  | [ ]   |  [ ]  | [ ]   | [ ]   |  [ ]  | [ ]   | [ ]   | [ ]   |
| Other (please specify) |        |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consider myself to have a disability as defined by the Disability Discrimination Act as ‘a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities’.  | Yes | [ ]  | No | [ ]  |
| Do you have any medical needs which you believe may influence you on certain activities (i.e. the Expedition section)? This information is only used to ensure your safety on DofE activities.  | Yes | [ ]  | No | [ ]  |
| If yes to either of these questions, please specify: |       |

Data supplied on this form and information about DofE activities recorded in *e*DofE will be used by the
DofE Charity, the participant’s Operating Authority and DofE centre to monitor and manage DofE participation and progress.

All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/OAs to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the *e*DofE messaging system.

**For Operating Authority/Centre administration only**

|  |  |
| --- | --- |
| Date registered onto *e*DofE  |      /     /       |
| Participant Fee received  | Yes [ ]  No [ ]  |
| Username |       |
| Initial password  |       |

**Note: This is to record the details in case these are lost. Everyone is encouraged to change their password the first time they log on to *e*DofE.**