

DofE Enrolment Form 2017-18

ENROLMENT DETAILS										
Are you already enrolled on a DofE? (please tick as appropriate)	Yes <input type="checkbox"/>			No <input type="checkbox"/>						
If yes, what is your ID number?										
	Please tick			Age						
I wish to enter at BRONZE level				Yrs		Months				
I wish to enter at SILVER I have completed Bronze level				Yrs		Months				
I wish to enter at SILVER DIRECT level I have not completed Bronze level				Yrs		Months				
I wish to enter at GOLD level I have completed Silver level				Yrs		Months				
						Min 16 yrs				
I wish to enter at GOLD DIRECT level I have not completed Silver level				Yrs		Months				
						Min 16 yrs				
PLEASE COMPLETE FORM IN BLOCK CAPITALS										
Title: (please tick as appropriate)	Mr			Miss			Other			
Date of Birth:	DAY	DAY	MONTH	MONTH	YEAR	YEAR	YEAR	YEAR		
First Name:										
Surname:										
Form Group:										
Address:										
Postcode:										
Email:										
Telephone:										
<i>eDofE will email your username and password to the address shown above so please write legibly</i>										

<p>I agree to enrol as a participant on the DofE programme. You will be doing your programme using the online eDofE system. This system has a set of terms and conditions you must agree to. They are available at www.edofe.org/terms.aspx (PDF document)</p>	
Candidate to sign here:	
Date:	
<p>This section to be completed by Parent / Guardian: I have read all the details and agree to my son / daughter taking part in the Duke of Edinburgh's Award.</p>	
Signed: (Parent / Guardian)	
Date:	
<p>Payment method:</p> <p>Please complete and return the enrolment form attached with the deposit cheque made payable to Princethorpe College and return to Mr Bower by Friday 13th October.</p> <p>Alternatively return the enrolment form but pay the deposit directly into the Princethorpe account ref: <i>SurnameDofEB/S/G</i> HSBC Sort Code: 40-18-17 Account No: 82689111</p> <p>I will pay the deposit by (please tick):</p> <p>Cheque attached <input type="checkbox"/> Bank transfer <input type="checkbox"/></p>	
<p>For DofE administration use only.</p> <p>Date registered onto eDofE.....eDofE User ID.....</p> <p>Username.....</p> <p>Password</p> <p>This is to record the details in case of system failure. Everyone is encouraged to change their password the first time they log onto eDofE.</p>	