

DofE Enrolment Form 2019-20

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			
I wish to enter at GOLD DIRECT level I have not completed Silver level								Yrs		Months			
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:													
Tutor Group:													
Address:													
Postcode:													
Email:													
Telephone:													
eDofE will email your username and password to the address shown above so please write legibly													

<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>	
Participant to sign here:	
Date:	
<p>This section to be completed by Parent / Guardian:</p> <p>I have read the details and agree to my son / daughter taking part in the Duke of Edinburgh's Award. I understand that in order to complete the award attendance at all training and expedition dates is mandatory.</p>	
Signed: (Parent / Guardian)	
Date:	
<p>Payment methods:</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 18th 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>The balance payment will be added to the Lent term bill.</p>	
<p style="text-align: center;">For DofE administration use only.</p> <p>Date registered onto eDofE.....eDofE User ID.....</p> <p>Username.....</p> <p>Password</p> <p style="text-align: center;">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>	