



Yeovil College - Duke of Edinburgh's Award Registration Form

Myself/son/daughter to take part in the Duke of Edinburgh's Award Scheme.

Students are responsible for arranging their own volunteering, skill and physical section activities.

The College can only be responsible for activities run by the College – we cannot accept responsibility for activities provided by other organisations.

Name		College Tutor		Level selected	Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
College course enrolled on					
Date of Birth			Phone numbers		
Address					
House name/no					
Street					
Town			Home		
County		Postcode		Mobile	
Email address This will be the way that you will receive information	Student		For students at silver or gold level who have done previous levels elsewhere		
	Parent(s)		eDofE ID number (from your eDofE)		
Emergency contact name		Relationship to you		Emergency contact telephone number(s):	

I have read and fully understood and am satisfied with the details supplied about the above mentioned activity and agree to my son/daughter taking part in it. I know of no medical reason why he/she should not participate. I am aware that photographs of activities may be taken and used for publicity and promotion of the group. Links to selected DofE photographs may be shared within the group.

I AM AWARE THAT:

- a) Except for visits abroad insurance arrangements are the same as for Students in College, i.e. that the authority only provides cover against proven or agreed negligence by the Authority and its employees.

- b) I should consider making my own insurance arrangements for personal accident cover for myself/son/daughter for College activities in the 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

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
		/ /

Proposed Volunteering Activity
Proposed Physical Activity
Proposed Skill Activity
Gold level only – any ideas about the residential?
What would you like to get out of DofE?

Wisepay will be opened for you on receipt of the completed application form.

Are you entitled to free school meals or have an EHCP? Yes no (if yes, we may be able to apply for funding for you)

Note:

Data supplied on this form and in eDofE and information about DofE activities recorded in eDofE will be used by the DofE Charity, the Licensed Organisation and DofE centre to monitor and manage DofE participation and progress by young people and manage and support Leaders.

The DofE Charity will use personal data to communicate useful and relevant information to either help participants complete a DofE programme, Leaders/LOs to run DofE programmes more effectively or help the DofE Charity to improve the quality and breadth of its programmes.

We also send emails that contain information about the Charity, DofE negotiated privileged discounts and invites to events and other activities however if you would like to receive these emails you will need to opt in. Once you have opted-in to this you can opt out at any time by visiting www.dofe.org/preferences, or clicking the unsubscribe link that can be found at the bottom of all non-programme related email.