



The Duke of Edinburgh's Award | Berkshire Scouts

Participants Registration Form

To register, please complete this form and return with payment to the address shown below.

Personal details											
Title*: Mr 🗌 Miss 🗌 Ms 🗌 Mrs 🗎 Other				Home Address 1*:							
First name*:				Home Address 2:							
Last name*:				Home Town/City*:							
Email address* (for use with eDofE system):			Home County:								
				Home Postcode*:							
Date of Birth*:				Telephone no:							
Age:				Gender: Male Female							
Enrolment level: (tick one) If you have previously register for an award tick here: Please state eDofE ID number:				Bronze [£25.00] Silver [£25.00] (From 14 years old) (From 15+ years of							[£32.00 years old
Consent to enrol to a gree to my son / day ward undertakes for the	ughter / ward o	doing a DofE pr	ogramme.	I under	stand that it is my res	ponsibility to				my son	/ daughter
Parent/guardian: Name			Signature				Date:		/	1	
I agree to enrol as a pa acknowledge that this s											
Applicant:	Name			Signature				Date:		1	1
Scout District:				Explorer or Network Unit:							
Unit Leader Name:				Unit Leader Email:							
When you sign in to eDo medical needs you may reporting purposes. You	have. This da	ta is used to ena	able your L	_eaders 1	etails, including your co to support you doing yo	ntact details, our DofE prog	ethnicity, ramme an	persona d for the	l circui DofE	mstanc	es and any stical and
Data supplied on this for DofE centre to monitor a									sed Or	rganisa	tion and
The DofE Charity will us Leaders/LOs to run Dofl											nme,
We also send emails that if you would like to receiwww.dofe.org/preference	ive these emai	ls you will need	to opt in. (Once you	have opted-in to this	you can opt c	ut at any t	ime by \	visiting		es however
Please return this											
Berkshire County Scountyadmin@berk	-		Court, M	ole Roa	ıd, Sindlesham, Wo	okingham R	G41 5EA	or em	ail to	1	
Payment by Bank T			3 (refere	nce Do	fEName) or cheque	e payable to	Berksh	ire Coι	ınty S	Scout	Council,
For County D of E Adn	ninistrator us	e only:									
Start Date		/	/		Username & ID:						

Participant Fee Received

Yes

Date.....

Leader Notified