



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*: Home County:							
Email address* (for use with eDofE system):											
				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 [£28.00] Silver [£28.00] (From 14 years old) (From 15+ years of							
Consent to enrol I agree to my son / da ward undertakes for the	ughter / ward	doing a DofE p	rogramme.	. I unde	rstand that it is my res	ponsibility to				my son	ı / daughter
Parent/guardian:	Parent/guardian: Name			Signature			Date	:	1	1	
I agree to enrol as a pa					hat I will be managing gree to. These terms ar						
Applicant:	Name			Signa	Signature			Date	:	1	1
Scout District:				Explorer or Network Unit:							
Unit Leader Name:			Unit Leader Email:								
When you sign in to eD medical needs you may reporting purposes. You	have. This da	ita is used to en	able your l	Leaders							
Data supplied on this for DofE centre to monitor									sed O	rganisa	ition and
The DofE Charity will us Leaders/LOs to run Dof											nme,
We also send emails the if you would like to recewww.dofe.org/preference	ive these ema	ils you will need	I to opt in. (Once yo	u have opted-in to this	you can opt o	out at any t	ime by	visitin		es however
Please return this Berkshire County S countyadmin@berk Payment by Bank T	cout Office, shirescouts	.org.uk.									Council,
For County D of E Adr	ministrator us	e only:			T						
Start Date		/	/		Username & ID:		1				

Participant Fee Received

Yes 🗌

Date.....

Leader Notified