**Duke of Edinburgh’s Award Enrolment Form**

This form is for participants who wish to sign up to do their DofE through Girlguiding LaSER. Participants should contact their Leader and County Adviser before completing this form Please return your completed form by email or post to Jane Harvey -[**janeh@girlguidinglaser.org.uk**](mailto:janeh@girlguidinglaser.org.uk) Girlguiding LaSER, 3 Jaggard Way, Wandsworth Common, London, SW12 8SG. If you have any questions about the DofE programme, please email the Region DofE adviser at [**dofe@girlguidinglaser.org.uk**](mailto:dofe@girlguidinglaser.org.uk).

|  |
| --- |
| DofE participant name: Email address: |
| Date of birth: Girlguiding Membership Number: |
| Current DofE participant? YES\*/NO \*eDofE Number; If yes |
| Level signing up for (please circle) Bronze DofE Silver DofE Gold DofE |
| DofE/Girlguiding Unit Name: Guiding County: |

|  |
| --- |
| Payment information - Bronze and Silver £28.00 / Gold £35.00 Includes the DofE welcome pack and enrolment on eDofE. |
| Bacs: Girlguiding Laser Sort Code: 60-22-28 Account Number: 69658862  Ref: “Participant Name DofE*”* eg JoNewell *DofE*    Cheque: Payable to: Girlguiding LaSER, 3 Jaggard Way, Wandsworth Common, London, SW12 8SG. |

|  |
| --- |
| **Consent** |
| The information recorded here will be held and used confidentially within Girlguiding for administration purposes and also within the DofE Charity. It will not be made available to any outside organisation.  Applicant signature………………………………………………………………………………… Date …………………………  Consent of parent or guardian (for young people under 18 years of age). Having seen information about the Duke of Edinburgh Award Scheme, I agree that my daughter/ward can participate in the scheme.  Signature of parent/guardian ………………………………………………………………………………………………………………………  Please print name ……………………………………………………………………… Date …………………………………………… |