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| **DUKE OF EDINBURGH'S AWARD SCHEME 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/Commissioner before completing this form.

**During the temporary office closure due to Covid-19, please kindly send completed forms by email to Katie Sturgess at** [**katies@girlguidinglaser.org.uk**](mailto:katies@girlguidinglaser.org.uk?subject=DofE) **and make payment by bacs.**

Information can also be gained from Jen Friend, Region DofE Adviser: [dofe@girlguidinglaser.org.uk](mailto:dofe@girlguidinglaser.org.uk)

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| DofE participant name: |
| Date of birth: GO Number: |
| Current DofE participant? YES\*/NO \*eDofE Number; If yes |
| Level signing up for: Bronze DofE Silver DofE Gold DofE |
| DofE Group Name Guiding County |

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| **Payment information** |
| The enrolment fee is: £22.00 for Bronze and Silver £29.00 for Gold. This includes the DofE welcome pack and participation place on eDofE. (Please make payment by bank transfer**,** including the participants name and *DofE* in reference so we can match your payment; e.g. Jen Friend DofE)  **Girlguiding Laser Sort Code: 60-22-28 Account Number: 69658854**  It is still possible to pay by cheque, but please be aware that post will only be checked occasionally during the office closure. Payable to: Girlguiding LaSER, 3 Jaggard Way, Wandsworth Common, London, SW12 8SG. |

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| **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 organization.  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 …………………………………………… |