



September 2021



## Camden Duke of Edinburgh's Award Participant Enrolment Form

### PERSONAL DETAILS

D of E group:*	D of E centre:		
Title:* : Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other	Home Address 1:		
First name:*	Home Address 2:		
Middle name:*	Home Address 3:		
Last name:*	Home Town/City:		
Primary Language:*	Home County:		
Email:*	Home Postcode:		
Date of Birth:*	Telephone no (home):		
Age:	Telephone no (mobile):		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Enrolment level:*( tick one)	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/> Gold <input type="checkbox"/>

### INVOLVEMENT IN D OF E

Previous levels/sections* – please tick which sections/levels you have completed:	
Bronze	Silver
<input type="checkbox"/> Completed entire level	<input type="checkbox"/> Completed entire level
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Physical	<input type="checkbox"/> Physical
<input type="checkbox"/> Skills	<input type="checkbox"/> Skills
<input type="checkbox"/> Expedition	<input type="checkbox"/> Expedition

### EMERGENCY CONTACT

Name:
Contact number:
Relationship to participant:

### CONSENT TO ENROL FROM PARENT/GUARDIAN (FOR APPLICANTS UNDER 18 YEARS OLD)

I agree to my son / daughter / ward joining the Camden D of E programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their D of E programme is appropriately managed and insured, unless the activity is directly managed or organised by their D of E group, centre or Licensed Organisation

	Print Name	Signature	Date
Parent/guardian:			/ /
I agree to enrol as a participant on a D of E programme and 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 <a href="http://www.eDofE.org">www.eDofE.org</a>			
Applicant:			/ /

### **ADDITIONAL DETAILS**

The following information is used to help the D of E meet the needs of all young people. Please tick the box if you consent to the processing of any special category data (such as race, disability and medical needs) that you may submit as part of your response ☐

I would describe myself as (please tick the relevant box):

Asian or Asian British				Black or Black British			Chinese or other	
Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Other	Chinese	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy and Traveller				Mixed				White
Irish Traveler	Gypsy	Roma	Other	White & Black Caribbean	White & Black African	White & Asian	Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)								

I consider myself to have a disability as defined by the Disability Discrimination Act as 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any medical needs which you believe may influence you on certain activities (i.e. the Expedition section)? This information is only used to ensure your safety on DofE activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either of these questions, please specify:	

### **Please note:**

- All contact from the D of E Charity using personal data will communicate useful and relevant information to either help participants complete their programme, Leaders/OAs to run programmes more effectively or help the D of E Charity improve the quality and breadth of its programmes. All contact will be via the eDofE messaging system, text message, phone call, email or letter. Participants can choose to receive this information to an external email account or by post using the '*Personal Preferences*' section in eDofE. These preferences can be updated at any time.
- Information supplied on this form will be processed in accordance with GDPR and the Data Protection Act 2018. Please see attached Privacy Notice document
- By completing this form you are giving your consent for us to use your data as set out above. If you wish to withdraw your consent, you can do so by emailing the Camden D of E Manager [autumn.elbourn@camden.gov.uk](mailto:autumn.elbourn@camden.gov.uk)