THE DUKE OF EDINBURGH'S AWARD

RUGBY HIGH SCHOOL

DofE SILVER
Participant Enrolment Form

Please print clearly in CAPITALS
You must complete all of the questions.

DofE Centre: Rugby High School	**DofE group: Silver 26/27**

First name:	**Last name:**
Did you do Bronze?	**YES / NO**
If yes, please add your eDofE ID no.	

When you first sign in to *e*DofE you will be asked to record some personal details such as your contact details, ethnicity and personal circumstances along with details of any medical needs you may have. This data is used to enable your Leaders to support you doing your DofE programme and for the DofE's statistical and reporting purposes. You will always have a 'prefer not to say' option.

Declaration:

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online *e*DofE system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at www.eDofE.org

Student name	Signature	Date

Consent to enrol from parent or guardian:

I agree to my student doing the DofE Silver programme. I note that it is my responsibility to check that any activity undertaken is appropriately managed and insured, unless it is directly organised by Rugby High School

Parent Name	Signature	Date

PLEASE NOW COMPLETE THE ACTIVITY PLANNER OVER THE PAGE

Silver DofE Award

Bitesize planner

This has been designed to help you when setting up your eDofE account.

Your name: _____ Date: _____

Address: _____ Postcode: _____

Email address: _____

Your emergency contact's name: _____

Their relationship to you (parent/guardian): _____

Their telephone number: _____

Volunteering section planned start date: _____ for: **6** or **12** months? _____

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

_____

Your Volunteering section Assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Physical section planned start date: _____ for: **6** or **12** months? _____

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

_____

Your Physical section Assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Skills section planned start date: _____ for: **6** or **12** months? _____

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

_____

Your Skills section Assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Your DofE Leader will advise you on what to put in the Expedition section.