

# Wild Wolf ESU – 2020/21 DofE Participant Enrolment Form

|                                   |                           |
|-----------------------------------|---------------------------|
| DofE Centre: Greater London North | DofE Group: Wild Wolf ESU |
|-----------------------------------|---------------------------|

|   |
|---|
| Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>                     |
| Have you registered for any previous levels of the DofE? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If YES, please give the name of the DofE Centre you were registered at:<br>Your eDofE ID number (if known):       |

**Personal details:**

|   |                            |
|---|----------------------------|
| First name:   | Last name:                 |
| Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>            | Date of Birth:     /     / |
| Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/> |                            |
| Date you started/ will start your DofE programme if known (enrolment date):     /     /                         |                            |

**Contact details:**

|                             |         |
|-----------------------------|---------|
| Participants email address: |         |
| Address:                    |         |
| Postcode:                   | Number: |

**Emergency contact details:**

|  |                      |
|--|----------------------|
| Emergency Contact name:                | Relationship to you: |
| Emergency contact telephone number(s): |                      |

**Participant's declaration:**

I agree to enrol as a participant on a DofE programme and manage my participation on eDofE.

| Print Name | Signature | Date   |
|------------|-----------|--------|
|            |           | /    / |

**Parent's consent:**

I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is managed or organised by their DofE group, centre or Licensed Organisation.

| Print Name | Signature | Date   |
|------------|-----------|--------|
|            |           | /    / |

**Pay £40 via BACS  Pay £40 via OSM  If you need financial support email [wildwolfesufinance@gmail.com](mailto:wildwolfesufinance@gmail.com) ASAP**

Bank transfer - Sort Code: 60-16-12 / Account Number: 77209575 NatWest North London Scout District Community Account. Please put 'WW' followed by your Explorer's name and what it is for on the reference. Eg 'WW Sam DofE'. Post this in the post box, or email to [wildwolfesu@gmail.com](mailto:wildwolfesu@gmail.com)