

Wild Wolf ESU – DofE Participant Enrolment Form

DofE Centre: Greater London North	DofE Group: Wild Wolf ESU
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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: 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 child / ward doing a DofE programme. I note that it is my responsibility to check that any activity my child / 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
		/ /

By submitting this form you authorise Wild Wolf ESU to submit a request for £40 payment via OSM - If you have a direct debit this will initiate immediately. If you require an alternative payment method please email finance@wildwolfesu.org.

If you need financial support email finance@wildwolfesu.org ASAP