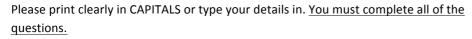
## **Challenge Adventure Group**

## **D** Of E Registration





(Wording on this form must not be altered in any way)

DofE Centre and group details:							
DofE Centre: Challenge Adventure Group		DofE Group:					
DofE level:							
Bronze Silver Gold Gold							
Have you registered for any previous levels of the DofE? No Yes							
If YES – please give the name of the DofE Centre you were registered at: Bronze Silver DofE ID number:							
Personal details:							
First name:	Last name:						
Gender: Male  Female	Date of Birth: / /						
Primary language: English Welsh Other							
Age when signing this form: Years Months							
When you first sign in to eDofE you will be asked to record some personal details such as your contact details, ethnicity and 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.  Contact details:							
Email address:							
Address (line1):							
Address (line 2):							
Town/City:							
County:	Postcode:						
Telephone:	Mobile number:						
Emergency contact details:							
Emergency Contact name: Rela		ationship to you:					
Emergency contact telephone number(s):							

P.T.O.

<b>DofE Registration Payment:</b>						
Bronze DofE - £20 Silver D	OofE - £20 Gold DofE - £27					
Group D of E is requested to make a advised to the participant and need April 1 <sup>st</sup> the admin fee payable will be	lenge Adventure Group for access to the D of E contribution towards this cost. On registration s to be added to the registration fee above. If the oe £50 per registrant for 12 months access and onger participates in the D of E program.	the fee for the member	or the re er is regis	mainder o stered and	f the yea I particip	ar will be ating on
<b>DofE Payments:</b> All payments must be made online to	to the following details:					
<ul> <li>Sort code: 40-26-22</li> <li>Account number: 4127180</li> <li>Payment Reference: "Last in</li> </ul>						
	DofE programme. I understand that I will be returned that I will be returned that I agree that I will be returned that I will be ret					
Print Name	Signature			Dat	e	
				/	/	
I agree to my son / daughter / ward daughter / ward undertakes for the	cor guardian (if applicant is under 18 doing a DofE programme. I note that it is my rair DofE programme is appropriately managed a centre, group or Licensed Organisation.	esponsibi	lity to ch		-	-
Print Name	Signature		Date			
			/	/		
the Licensed Organisation and DofE and support Leaders. The DofE Char participants complete a DofE progra improve the quality and breadth of commercial offers. If you do not wis amending your contact preferences		on and prul and releore effect	rogress b evant inf tively or l you info	y young poormation the Draw the Draw the Draw transfer reaction re	eople and to either ofE Char elating to	d manage help ity to
or Licensed Organisation/Centre ad Date registered onto eDofE	ministration only: / / /		]			
Start date	/ /					
Participant Fee received	Yes No Invoiced					
Username			1			
User ID number						
Welcome Pack Issue Date						