



Landau Forte Academy Amington The Duke of Edinburgh's Award Enrolment Form

Personal Details											
DofE Group	Landau Forte Amington										
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> _____										
First Name	<input style="width: 90%;" type="text"/>	Address	<input style="width: 100%;" type="text"/>								
Middle Name	<input style="width: 90%;" type="text"/>		<input style="width: 100%;" type="text"/>								
Last Name	<input style="width: 90%;" type="text"/>		<input style="width: 100%;" type="text"/>								
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>										
Date of Birth:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Telephone:	<input style="width: 100%;" type="text"/>										
Email:	<input style="width: 90%;" type="text"/>		Postcode <input style="width: 100%;" type="text"/>								
Do you have a Disability? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes please give details below)											
Do you have any medical conditions? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes please give details below)											
Consent to enrol from Parent/Guardian (If applicant is under 18 years old)											
I agree to my Son/Daughter doing a DofE programme. They will be using the online eDofE system. This System has a set of terms and conditions that they must agree to. These will be available when they access eDofE.											
Print Name	Signature	Date									
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

Data supplied on this form and information about DofE activities recorded in eDofE will be used by the DofE Charity, the participant's Operating Authority and DofE centre to monitor and manage DofE participation and progress. All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/OAs to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the eDofE messaging system. 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.