



Ashford District Explorer Scout DofE Unit
**Registration Form for Duke of Edinburgh's Award
and Permission Form for DofE Overnight Activities**



Please complete and return both pages of this form. The DofE leaders require this information to ensure we keep you in contact with all activities and to manage teams with friends from school or in Scouting. When first signing in to the eDofE system, further information may be requested, but you have a "prefer not to say" option if you do not wish to answer.

Name	
Date of birth	
Gender	
Award Level	Silver If you have a DofE ID number add it here:
Home address	
Home telephone	
Participant's mobile	
Parent/guardian's mobile	
Participant's email	
Parent/guardian's email	
Scout Group/ Explorer Unit	
School	
Doctor's address	
Doctor's telephone	
Medical conditions	None OR Please provide a health/care plan of any medical conditions, symptoms, medications, treatment, dosage etc
Food intolerances	
Date of anti-tetanus vaccination	

Scout Association Membership:

The Licensed Organisation running the DofE programme offered is Kent Scouts. Therefore, all participants under the age of 18 must be members of the Scout Association, paying subscription as Scouts, Explorers or Young Leaders to their home Scout Group or Explorer Unit, to ensure they are insured to take part in their DofE and Scouting Awards. Any participant who leaves their group or unit must advise the DofE leaders and may continue their award by paying subscription to the DofE unit only, at £51 a year, or £17 a term, which will be added to the fees for their award as detailed above. This entitles them to continue with their DofE Awards, Scouting Awards and to take part in District, County and other Scouting events. Participants over the age of 18 do not need to pay a subscription but will need to be registered as Network Scouts, Adult Leaders or Occasional Helpers and undertake a DBS check.

Photographs and video recordings taken at Scouting events in Kent may be used for Scouting purposes. i.e. on internet, printed material (including the press) and presentations. Attendance at such events will automatically be deemed as permission given to reproduce the images unless the team supervisor and event organiser have been informed otherwise.

Data supplied on this form, on eDofE, and on activities will be used by the DofE charity and leaders to monitor and manage participation and progress of the young people and support the leaders. The DofE charity and leaders will use personal data to communicate useful and relevant information to either help participants complete a DofE programme, Leaders/LOs to run DofE programmes more effectively or help the DofE Charity to improve the quality and breadth of its programmes. Occasionally the DofE Charity may send you information relating to commercial offers. If you do not wish to receive commercial information from the DofE Charity you can choose not to by amending your contact preferences in your eDofE profile at any time. Data will be retained until the participant is aged 25 or completes all awards.

PLEASE COMPLETE AND SIGN THE SECOND PAGE

Payment:

For Silver Award this includes:

- Registration for DofE, which we do on your behalf as soon as the participant is aged over 14 ½
- One day navigation exercise Spring 2023.
- A one day First Aid training day, if you have not already done this within the last 3 years.
- Two day Training Weekend, including food, Spring 2023
- Two one-day team events to plan and prepare for expeditions.
- Two expeditions, one Practice and one Qualifying, but excluding expedition food or transport to or from site.
- Some group kit is loaned to teams for their expeditions but personal kit etc. is at participants' own expense.

If you have NOT completed Bronze DofE with us, or another Explorer Unit in Kent, we ask that you complete the basic Bronze level training as follows, which is included in the fee:

- One induction evening in November 2022
- One full day practical training Spring 2023

Please indicate your preference:

DofE Silver	Either: £150 on commencing DofE programme	Bank transfer
	Or: £50 on commencing, £50 by 1st January and £50 by 1st April.	Standing order

- Online bank transfers can be made to our NEW BANK ACCOUNT DETAILS
- Account Name: Ashford District Explorer Scouts
Bank account no: 77894962 Sort code: 30-98-97 Please quote reference DE and your name.
- Standing orders should be arranged to the same account details as above.

Participant's Declaration: I agree to enrol on the DofE programme. I understand that I will be managing my programme using the online eDofE system. I acknowledge that this programme and system have a set of terms and conditions that I agree to. These can be found at www.edofe.org. I confirm I will attend as many training sessions as possible. I am aware that attending the Training sessions, Training Weekend, Expedition Planning days, Practice Expedition and Qualifying expedition are compulsory aspects of completing my award. I agree to my contact details being made available to other team members to facilitate expedition planning by email, WhatsApp or text.

Name:	Signature:	Date:
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Parent/Guardian Declaration (for participants under the age of 18): I agree to my child/ward taking part in the DofE programme. I note that it is my responsibility to check that any activity he or she undertakes for their DofE award is properly managed and insured, unless the activity is directly organised by their DofE group or Kent Scouts. I give permission for my child/ward to participate in overnight events which include the Training Weekend, Practice Expedition and Qualifying Expedition and will make it my responsibility to update the DofE Leaders of any change in medical history. In the event of him/her being taken ill or injured to the extent that medical treatment becomes necessary, I authorise the leader present to act in loco parentis, to administer over-the-counter medication such as paracetamol, and to sign, on my behalf, any written form of consent required by the hospital for an anaesthetic to be administered, or for any other urgent medical treatment to be given, provided the delay required to obtain my own signature might be considered likely, in the opinion of the doctor concerned, to endanger my child/ward's health or safety. I agree to my contact details being made available to other team members to facilitate expedition planning by email, what's app or text.

Name:	Signature:	Date:
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