



Duke of Edinburgh's Award Registration Form



Please print clearly

Surname _____ Forename(s) _____

Address _____

_____ Post code _____

Tel No. _____ e-mail _____

Date of birth ___/___/___ Age _____ Male Female

DofE Centre _____ Leader's name _____

I would like to enter the Award at Bronze Silver Gold

Signature of applicant _____ Date ___/___/___

Consent of person with parental responsibility (for young people under 18 years of age)

- I agree to _____ participating in The Duke of Edinburgh's Award and have read a copy of HCC leaflet Guide for Parents and Participants (DA59)

Signed (*person with parental responsibility*) _____

Date ___/___/___ (cheque made payable to HAMPSHIRE COUNTY COUNCIL)

- We would like to use any pictures and videos taken during the Award Experience, for use in presentations, displays, or in our own booklets, newsletters, reports or publicity. In the event of any images of my child / me (*over 18's*) being taken, I consent for them being used for educational purposes **Yes No**
I understand that if my child / I am easily identifiable (e.g. a close facial shot) I will be informed first. **Yes No**
I agree to images being used on the web site **Yes No**

Signed (person with parental responsibility) _____

Signed (participant) _____ Date ___/___/___

The following information is used to help the Award meet the needs of all young people. Only complete this section if you wish to assist in this way.

Please tick the relevant box: I would describe myself as

Asian or Asian British				Black or Black British			Chinese
Indian	Pakistani	Bangladeshi	Any other	Caribbean	African	Any other	Chinese
Mixed				White			Other (specify)
White & Black Caribbean	White & Black African	White & Asian	Any other	British	Irish	Any other	

I consider myself to have a disability* Yes No

*as defined by the Disability Discrimination Act as "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".

TO BE FORWARDED TO THE COUNTY AWARD OFFICE BY AWARD LEADER

For office use only— DF15

Record Book Issue Date _____

UK Ref. No.

Date form received: