



Dorset County Council / Gillingham OAC Staff Enrolment Form

Please print clearly in **CAPITALS** or type details in. You must complete all of the questions
Questions with a * symbol are mandatory fields within eDofE.

Details of your DofE involvement:

Role: Helper <input type="checkbox"/> Leader <input type="checkbox"/> Centre Coordinator <input type="checkbox"/> LO Administrator <input type="checkbox"/>	
Licensed Organisation Name: Dorset County Council	
DofE Centre: Gillingham Open Award Centre	DofE group: n/a
Do you have an eDofE account with this LO? No <input type="checkbox"/> Yes <input type="checkbox"/> if Yes please give your eDofE ID No.:	

Personal details:

Title*: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Master <input type="checkbox"/> Ms <input type="checkbox"/> Sir <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Professor <input type="checkbox"/> Other <input type="checkbox"/>	
First name*:	Surname*:
Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /
Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>	LO safeguarding checks undertaken*: Yes <input type="checkbox"/> No <input type="checkbox"/>

When you first sign in to eDofE you will be asked to record some personal details such as your contact details, date of birth, ethnicity and personal circumstances along with details of any medical needs you may have. This data is used to enable your LO to support you in your role and for the DofE Charity's statistical and reporting purposes. You will always have a 'prefer not to say' option.

Contact details:

Email address*:	
Address 1*:	Address 2:
Town/City*:	County:
Postcode*:	
Telephone:	Mobile number:

Emergency contact details:

Emergency Contact name:	Relationship:
Emergency contact telephone number(s):	

P.T.O.



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Declaration:

<p>I agree to the Licensed Organisation's requirements, DofE rules and eDofE terms and conditions (https://www.edofe.org bottom left of the screen)</p>			
	Print name	Signature	Date
Applicant			/ /

Data supplied on this form and in eDofE and information about DofE activities recorded in eDofE will be used by the DofE Charity, the Licensed Organisation and DofE centre to monitor and manage DofE participation and progress by young people and manage and support Leaders.

The DofE Charity 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.

For Licensed Organisation/Centre administration only

Date registered onto eDofE: / /	Username:
Temporary password:	User ID number:
Applicant approved by:	

Note: this is to record the details in case these are lost. eDofE requires all users to change their temporary password the first time they sign in.