



First name:	Last name:	Tutor group:
Gender:	Date of Birth: / /	

Bronze <input type="checkbox"/>	
Have you completed any previous levels of the DofE? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If YES – Centre you were registered at:	eDofE ID number:

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online eDofE system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at www.eDofE.org

I also agree to be available in order to complete expedition training, practise and assessment as instructed by Brymore Academy. I also agree to any preparation time for this.

I understand that it is wholly my responsibility to complete the award by the end of this academic year and if I do not then I forfeit the opportunity to gain the badge and certificate for this.

Print Name	Signature	Date
		/ /

On the next page we need you to complete your ideas on how you can complete the physical, skill and volunteering parts of the award. You need to ensure that you have ideas that can be completed within the deadline and in order for us to accept you on the award this needs completing.

Deadline for application – Monday 13th October 2025
Hand to Reception

Side 2 of 4

	Volunteering	Physical	Skills
<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> Circle Your Activity Time In Months </div>	3 6 12	3 6 12	3 6 12
	~Bronze three sections must add up to 12 months total.		
Activity			
Where When			
What are your goals?			
Who is going to support and assess you? Contact email or telephone number (NOT parent)			



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What are your strengths? Give situation examples.
What personal qualities do you feel you need to develop? Why?
What do you hope to get out of doing the DofE Award? Why?



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Side 4 of 4

Consent to enrol - parent or guardian to complete this page.

I agree to my son doing a DofE programme. I note that it is my responsibility to check that any activity my son undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

I give permission for my son to partake in the DofE Award. I can confirm that my son is available for the expedition and any training involved.

I understand that the payment deadline is **Monday 13th October 2025** and that the application will not be enrolled if payment is not received. Payment is to be made via Arbor – Trips.

☐ **Bronze Award £130 fee (includes registration, training and expedition fee)**

Parent/ Guardian Print Name	Signature	Date
		/ /

For administration only:

Date registered onto eDofE	/ /
Expected start date	/ /
Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
User ID number	
Group allocation number	