



PARTICIPANT'S DETAILS (Please complete clearly and in BLOCK CAPITALS)

Name..... Male/Female Date of birth.....Age.....

Address

.....Post Code.....

E mail address Tel No.

Award Group Imberhorne

I would like to enter the Award at (please refer to minimum age requirements):

Bronze	Silver	Direct Silver	Gold	Direct Gold

WSCC STATEMENT OF INDEMNITY

Your attention is drawn to the information contained within the "WSCC Parents Guide to the Duke of Edinburgh's Award" that is enclosed with each Participant's Entrance Pack.

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.

I (the Parent/Guardian).....

of (the Participant)..... hereby consent to his/her participation in all activities of the Award Scheme under the Operating Authority of the West Sussex County Council.

I understand that whilst the staff and helpers in charge of the activities will take all reasonable care of the participant, neither they nor the County Council can accept responsibility for loss, damage or injury suffered by my son/daughter (unless attributable to negligence on the part of the said staff and helpers) in participating in the Award Scheme activities.

During the activities photographs may be taken for training/promotional purposes. We may wish to use some of the photographs, that might include your son/daughter, for publication in the Award Journal, Award Website or other relevant publication.. If you do not wish to permit this, please tick the box

Signed.....

Date.....

Parent or Guardian (or Independent participant if over 18)

NB: Information included on this form will be held within a database located at the County Office and is therefore subject to the Data Protection Act 1984.

AWARD PARTICIPANT ETHNIC MONITORING INFORMATION

The Duke of Edinburgh's Award requests that the following information be provided by each Award participant at the point of enrolment with West Sussex County Council. Please tick the box that identifies your ethnic origin.

Asian or Asian British				Black or Black British			Chinese
Indian	Pakistani	Bangladeshi	Any other	Caribbean	African	Any other	Chinese
Mixed				White			Other
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".

For office use : Reg Date..... Username..... Initial password