



**enrolment form**  
**GirlGuiding UK ENE County Operating Authority**

***please print clearly***

surname \_\_\_\_\_ forename(s) \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_ post code \_\_\_\_\_

tel No. \_\_\_\_\_ e-mail \_\_\_\_\_

(compulsory)

date of birth \_\_\_/\_\_\_/\_\_\_ age \_\_\_\_\_

R/B/G/SS Unit \_\_\_\_\_ Guider's name \_\_\_\_\_

I would like to enter the Award at Bronze  Silver  Gold

signature of applicant \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_

***consent of parent or guardian*** (for young people under 18 years of age)

I agree to my daughter/ward participating in The Duke of Edinburgh's Award

signature of Parent/Guardian \_\_\_\_\_ name \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_

signature of Award Leader \_\_\_\_\_ name \_\_\_\_\_ Sas Whyte \_\_\_\_\_ 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".

The Duke of Edinburgh's Award may like to contact you with information that we feel may be of interest to you. If you **ARE** happy for this to happen, please tick below to tell us how we can contact you (*please tick all that apply*):

By Post     By E-mail     By Phone     By Text



***for office use***

Record Book Issue Date \_\_\_\_\_ UK Ref. No. \_\_\_\_\_