



ENROLMENT FORM

The Scout Association
 Duke of Edinburgh's Award Office
 Gilwell Park
 London E4 7QW

please print clearly

surname _____ forename(s) _____

address _____

_____ post code _____

tel no. _____ e-mail _____

date of birth ___/___/___ age _____ male female

Award Group _____ Leader's name _____

I would like to enroll for the Award at Bronze Silver Gold

I have already registered or completed the award at Bronze Silver Where? _____
Turn over page if necessary

Signature of applicant _____ date ___/___/___

Bronze & Silver Award books - £15

Gold Award books - £20

Cheques payable to Roxbourne Award Centre – please return form & cheque to Peter Harrison not to The Scout Association.

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

I agree to my son/daughter/ward participating in The Duke of Edinburgh's Award and agree to allow images of my son/daughter/ward to be used solely for The Duke of Edinburgh's Award publicity purposes on a not for profit basis.

Signature of Parent/Guardian _____ name _____ date ___/___/___

Signature of Award Leader _____ name _____ 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".

for office use

Record Book Issue Date _____ UK Ref. No.

Payment received: _____ Receipt Number: _____