



Student Enrolment Form 2018/2019 – Marlborough Science Academy

Please print clearly in CAPITALS or type details in. You must complete all of the questions.

Personal details:

First name:					Surname:				
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth:	/	/	Age:	<input type="text"/>
Primary Language:	English			<input type="checkbox"/>	Welsh			<input type="checkbox"/>	Other
E-mail:	<input type="text"/>								
Address (Line 1):	<input type="text"/>								
Address (Line 2):	<input type="text"/>								
Town:	<input type="text"/>								
County:	<input type="text"/>				Postcode:	<input type="text"/>			
Telephone:	<input type="text"/>				Mobile No.:	<input type="text"/>			

Ethnicity:

Asian or Asian British					Black or Black British		
Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White				Mixed			
English/Welsh/Scottish/N Irish/British	Irish	Gypsy/Irish Traveller	Other White	White & Black Caribbean	White & Black African	White & Asian	Other Mixed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Other – Please specify					Prefer not to say	
<input type="checkbox"/>	<input type="text"/>					<input type="checkbox"/>	

DofE Level:

Bronze	<input type="checkbox"/>	Silver	<input type="checkbox"/>	Gold	<input type="checkbox"/>
Have you registered for any previous levels of the DofE?				Yes	No
If yes, please give the name of the DofE Centre you were registered with:				eDofE ID number (if known)	
<input type="text"/>				<input type="text"/>	

Emergency contact details:

Emergency contact name:	<input type="text"/>	Relationship to you:	<input type="text"/>
Emergency contact telephone number(s):	<input type="text"/>		

Declaration:

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

Print Name	Signature	Date
		/ /

Consent to enrol from parent or guardian (if applicant is under 18 years old):

I agree to my son/daughter/ward doing a DofE programme. I note that it is my responsibility to check that any activity my son/daughter/ward 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.

Print Name	Signature	Date
		/ /

The following information is used to help the DofE meet the needs of all young people. Only complete this section if you wish to assist in this way.

I consider myself to have a disability 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'	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any medical needs which you believe may influence you on certain activities (i.e. the Expedition section)? This information is only used to ensure your safety on DofE activities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered yes to either of these questions, please specify:				