

Please Print Clearly in block capitals in black ink

Surname First Name

Address

..... Postcode

Tel No. E-mail

Date of Birth Male/Female (*delete as appropriate*)

If you have previously enrolled in The Award and have a Reference Number, please enter it here

.....

PLEASE MAKE CHEQUES PAYABLE TO "STAGS"

LEVEL	TICK LEVEL OF ENROLMENT	PRICES (2009)
Bronze		£11.50
Silver		£11.50
Gold		

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

Signature of Parent/Guardian Name Date

Signature of Applicant Date

Name of Award Group

Signature of Award Leader Name Date

The following information is used to help the Award meet the needs of all young people. This section is not compulsory, but it would greatly help us if you choose to complete it.

Please tick the relevant box

I consider myself to have a disability* Yes/No (*delete as applicable*) Comments

*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".

I would describe myself as

- | | | | |
|-------------------------------|--------------------------------------|--------------|--|
| Asian or Asian British | Indian <input type="checkbox"/> | Mixed | White & Black Caribbean <input type="checkbox"/> |
| | Pakistani <input type="checkbox"/> | | White & Black African <input type="checkbox"/> |
| | Bangladeshi <input type="checkbox"/> | | White & Asian <input type="checkbox"/> |
| Black or Black British | Caribbean <input type="checkbox"/> | White | British <input type="checkbox"/> |
| | African <input type="checkbox"/> | | Irish <input type="checkbox"/> |
| | Any Other <input type="checkbox"/> | | Any Other <input type="checkbox"/> |
| Chinese | Chinese <input type="checkbox"/> | Other | <input type="checkbox"/> |

For Office Use

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