# DofE2 Leader Enrolment

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| Preferred Title  | Mr[ ]  | Mrs[ ]  | Master[ ]  | Ms[ ]  | Sir[ ]  | Miss[ ]  | Dr.[ ]  | Professor[ ]  | Other[ ]  |
| Name |  |
| Gender | Male [ ]  | Female [ ]  | I describe my gender in another way [ ]  | I’d prefer not to say [ ]  |
| Date of Birth |  |
| DofE Roles | Centre Co-ordinator [ ]  | Group Leader [ ]  | LO Administrator [ ]  |
| Allocated Centre(s) |  |
| Allocated Group Name (s) |  |
| Do you already have an edofe account number, if so state your number and the name of the Local Authority or licensed centre that it is from |  |
| Contact telephone number |  |
| Email address |  |
| Relevant Qualifications and Useful Skills: Copies of appropriate qualification and first aid certificate (These will be sent back to you immediately) |  |

For DofE Glasgow Administrators Only

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| Will you be managing all of the LO DofE centres?  | Yes [ ]  | No [ ]   |
| If No please list the centres you will be working with below |
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I apply for appointment in the above mentioned Duke of Edinburgh Role responsible for DofE participants in the Duke of Edinburgh’s Award Centre(s) mentioned. I have read and agree to follow the Glasgow Duke of Edinburgh’s Award Operating Procedures and Management Circulars.

I confirm that the above information is correct at the time of application.

Signature of Applicant:

Sign: Print: Date:

I confirm that the above applicant has received the appropriate child protection training and the relevant PVG checks have been carried out including all other necessary safeguarding checks according to Glasgow City Council or Glasgow Life’s safeguarding policies and procedures. (If you sign, you are responsible for ensuring that the checks have been completed)

Signature of Senior Manager/Head Teacher:

Sign: Print: Date:

**PLEASE ENSURE THAT THE SENIOR MANAGER/HEAD TEACHER SIGNING THE FORM IS INCLUDING IN THE EMAIL THREAD WHEN SUBMITTING THE FORM.**