



AWARD PARTICIPANTS ENROLMENT FORM

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

Award Unit / Group: (name of School)	Award Leader:	ID Card
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level:

Bronze / Silver / Gold

Have you registered for any previous levels of the Award No / Yes

Personal details:

First name:	Last name:	ID Card
Gender: Male / Female	Date of Birth: / /	
Date you wish to start your programme if known (enrolment date): / /		

Contact details:

Email address:

Address :

Mobile number:

Your parents' contact details:
 These contact details will be used only in exceptional need and not for any kind of business or advertising purpose. Completion of this section is not compulsory.

Name:

Telephone number(s):

Planned activities in programme Sections (If already identified):

Skills:

Service :

Physical Recreation:

Residential Project (only Gold level):

Declaration:
 I agree to enrol as a participant of The Duke of Edinburgh's International Award programme. I give my Consent to the(name of organisation) and the Duke of Edinburgh's International Award, Malta, to collect and gather information that concerns me and to pass this information ONLY to the Duke of Edinburgh' Award Offices in Malta/ and Head Office in London for processing purposes from their end.
 I also give my consent, that photos of me can be used by the Award Unit, National Office and International Office in promoting materials of the programme for example on the website and on printed materials.

Name	Signature	Date
		/ /

Consent to enrol from parent or guardian (if applicant is under 18 years of age). I agree to my son / daughter participating in the Award programme.

Name	Signature	Date
		/ /