



Duke of Edinburgh (DofE) Participant Enrolment Form for Cats Protection (CP)



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

Cats Protection Centre/ Branch/ Group name (if you know):

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DofE participation:

Bronze <input type="checkbox"/> <i>Age 14 - 24</i>	Silver <input type="checkbox"/> <i>Age 15 - 24</i>	Gold <input type="checkbox"/> <i>Age 16 -24</i>	
Social Media <input type="checkbox"/> <i>DofE participants must be over 14 years old to volunteer.</i>	Fundraising <input type="checkbox"/> <i>DofE participants must be over 16 years old to volunteer with static collections, licensed lotteries & counting money.</i>	Retail <input type="checkbox"/> <i>DofE participants must be over 16 years old to volunteer on the till or to steam clothes.</i>	Cat Care <input type="checkbox"/> <i>DofE participants must be over 18 years old to volunteer within CP fosterers homes.</i>
Have you volunteered with Cats Protection before No <input type="checkbox"/> Yes <input type="checkbox"/>			
If Yes – please give the name of the CP Centre/ Branch/ Group you were registered at:			
Please give the name of the licensed organisation/ youth group/ organisation that you do your DofE through: <div style="text-align: center;">Plus your eDofE ID number (if known) :</div>			

Personal details:

First name:	Last name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Date of Birth:
Date you wish to start your DofE volunteering if known (enrolment date):	

Contact details:

Address (line1):	
Address (line 2):	
Town/City:	County:
Postcode:	Email address:
Telephone:	Mobile number:

Emergency contact details:

Emergency Contact name:	Relationship to you:
Emergency contact telephone number(s):	

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

I agree to my son / daughter / ward doing their DofE volunteering with Cats Protection. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE volunteering is appropriately managed and insured.

Print Name	Signature	Date

Note:

Data supplied on this form, will be used by Cats Protection to monitor and manage DofE participation and progress by young people and manage and support Leaders.

Please return this form to either your centre/ branch/ group contact, alternatively you can return it to the Volunteering Development team and we will forward it to the appropriate person(s) at volunteering@cats.org.uk or National Cat Centre, Chelwood Gate, Haywards Heath RH17 7TT