B.B. Company/DofE Centre
Staff Enrolment Form

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

Operating Authority: **THE BOYS' BRIGADE**	
B.B. Company/DofE "Centre":	
Title: Mr □ Miss □ Ms □ Mrs □ Other □	Address Line 1:
First name:	Address Line 2:
Middle name:	Address Line 3:
Last name:	Town/City:
Primary language:	County:
Date of birth: / /	Postcode:
Gender: Male □ Female □	Next of kin name:
C.R.B. passed: Yes □ No □	Relationship to next of kin:
E-mail (to be used for the Company eDofE credits):	Next of kin telephone number:
Telephone numbers (please include area code): (Home) (Work) (Mobile)	
Select your DofE role: B.B. Company DofE Leader □ Combined B.B. Company Captain and DofE Leader □	
Above address type: Home / Work / DofE Centre (delete as appropriate)	

I agree to the Operating Authority requirements and eDofE rules

Name	Signature	Date
		/ /

Data supplied on this form and information about DofE activities recorded in eDofE will be used by the DofE Charity, the Operating Authority and DofE Centre to monitor and manage DofE participation and progress by young people and manage Leaders.

All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/OA's to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the eDofE messaging system. Leaders can choose to receive this information to an external e-mail account or bv post using the personal preferences section in eDofE. These preferences can be updated at any time.

For Operating Authority/Centre administration only:

Date registered onto eDofE: / /	
Applicant approved by:	
Username:	Initial password:

Note: This is to record the details in case these are lost. Everyone is encouraged to change their password the first time they log on to eDofE.

January 2010