

Application for Bronze or Silver DofE Certificate and Badge/s
(TO BE USED ONLY FOR NON eDofE PARTICIPANTS)

Participant's Surname _____ All Forename(s) _____

Address _____

_____ Post Code _____

Date of birth ____/____/____

Male Female

B.B. Company _____

Record Book issue date ____/____/____

Level of Award (tick one) Bronze Silver

(Tick if Silver Direct Entrant)

Award I.D. Number (if not known, leave blank)

	ACTIVITY (Please use titles from Handbook for DofE Leaders only)	DATE STARTED	DATE COMPLETED
Volunteering Section (p.s. For Boys' Brigade, The Scout Association or Religious Education, training is required)			
Skills Section			
Physical Section			

Expedition Section - Expedition/Adventurous Project*		DATE VENTURE STARTED	DATE VENTURE COMPLETED
Area and Mode of Travel			
Adventurous Project Reference No. (if applicable)			
Aim of the Venture			

*Delete as appropriate

B.B. UNIFORM ARM BADGE

I enclose £2.00 for a B.B. uniform arm badge (Cheques should be made payable to "The Boys' Brigade")

CERTIFICATION

(To be completed by Assistant DofE Manager or Battalion Secretary if none appointed)

I certify that the necessary standards for the Award have been achieved.

SIGNATURE _____ (Please also print name _____) Date ____/____/____

(Assistant DofE Manager/Battalion Secretary*) Contact telephone number _____

Name and address for dispatch (PLEASE USE BLOCK CAPITALS:)

Name _____ Address _____

_____ Postcode _____

Ethnic Origin *(tick as appropriate)*

Asian or Asian British				Black or Black British			Chinese
Indian	Pakistani	Bangladeshi	Any other	Caribbean	African	Any other	Chinese

Mixed				White			Other (specify)
White and Black Caribbean	White and Black African	White and Asian	Any other	British	Irish	Any other	

Language	
Please tick if English is a second language for this participant	

Disadvantaged young people – The DofE consider a participant to be disadvantaged, disengaged, outside learning or at risk of underachieving if they come within the following categories. Please tick if, to the best of your knowledge, any of these apply to this participant:

In local authority care	
Asylum seeker or refugee	
A parent under the age of 18 (either father or mother)	
Takes responsibility for the care of someone who is ill, has a disability, is experiencing mental distress, or is affected by substance misuse	
Lives in an area of high unemployment (i.e. employment rate below 80% of the national employment rate)	
Is not in either full time education or any form of employment or training scheme	

The participant considers himself or herself to have a disability*? Yes No

*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".

(Participant's details are NOT released to third parties)

The completed form together with payment for a B.B. uniform arm badge (if required) should be sent to:
The DofE Manager, The Boys' Brigade, Felden Lodge, Hemel Hempstead, Hertfordshire HP3 0BL
IT IS NOT NECESSARY TO SEND THE RECORD BOOK.

FORM DEABB3

September 2010

For Office Use
Uniform Badge _____ paid for
Certificate and Badge/s Dispatched _____
D.E.A.M.S. _____