



AWARD PARTICIPANT ENROLMENT FORM

Award Group: Queen Elizabeth Grammar School, Wakefield

Operating Authority: W.M.D.C.

PLEASE PRINT CLEARLY

Surname: _____ Forename(s) _____

Address: _____

Post code: _____

Tel No.: _____ e-mail: _____

Date of birth: ___/___/___ Age: _____ male female

Award Group Leader's name: Peter McWilliam

I would like to enter the Award at: Bronze Silver Gold

Signature of applicant: _____ date ___/___/___

CONSENT OF PARENT OR GUARDIAN (for young people under 18 years of age)

I agree to my son/daughter/ward participating in The Duke of Edinburgh's Award

signature of Parent/Guardian: _____ name: _____ date ___/___/___

signature of Award Leader: _____ name: Peter McWilliam date ___/___/___

The following information is used to help the Award meet the needs of all young people. Only complete this section if you wish to assist in this way. **Please tick the relevant box**

I would describe myself as (please tick)

Asian or Asian British: Indian Pakistani Bangladeshi Any other: _____

Black or Black British: Caribbean African Any other: _____

Chinese: Chinese

Mixed: White & Black Caribbean White & Black African White & Asian Any other _____

White: British Irish Any other _____

I consider myself 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".

This information will be stored on a database. If you do not want your details stored electronically, please tick this box:

for office use

Record Book Issue Date: _____ UK Ref. No. _____