###### Please print clearly or type in CAPITALS. Please complete all the questions.

|  |  |  |  |
| --- | --- | --- | --- |
| eDofE ID |  | Title |  |
| First Name  |  | Last Name |  |
| Address |  |
| Town/City |  | County |  |
| Postcode |  | Home Telephone |  |
| Mobile |  | Email |  |
| Have you been PVG checked? | YES Please record NO details on next page | Date of Birth |  |
| Gender |  |
| Next of Kin |  | Relationship |  |
| Mobile Number |  | RGU Student Number OR Staff Position |  |

**Volunteer Role (Please circle as appropriate)**

|  |
| --- |
| **Centre Co-ordinator****Group Leader****Expedition Supervisor****Expedition Assessor****DofE Verifier****Trainer** |

**References**

Please add details of two people to act as referees who are known to you and who can be contacted. *The referees should be able to comment on your character and relationships with others. At least one referee should have known you for at least five years. Referees must not be relatives. Examples of referees include your employer, university tutor etc.*

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Contact Email |  |
| Contact Number |  |
| Job Title / Company |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Contact Email |  |
| Contact Number |  |
| Job Title / Company |  |

**Training to date – please add details, all relevant completed training and future requirements, with dates if known availability where applicable.**

|  |  |  |
| --- | --- | --- |
| **D of E Modular Training** |  |  |
| E-Induction (online) | Date: | Location: |
| EAAS (Expedition Assessor) | Date: | Location:  |
| Intro to D of E | Date: | Location: |
| Expedition Supervisor | Date | Location: |
| Leadership Programme | Date: | Location: |
| **Training** |  |  |
| **D**ata Protection | Level: Date: | Location : |
| Child Protection | Level: Date:  | Location:  |
| Equality & Diversity | Date: | Location: |
| Expedition Risk Assessor | Date: | Location: |
| First Aid (specify) | Date: | Location: |
| **Other (please specify)** |  |  |
| Mountain Leader | Date: | Location: |
| Hills & Moorland | Date: | Location: |
|  | Date: | Location: |
|  |  |  |

**PVG - Persons Vulnerable Groups Details – for completion by Applicant**

|  |  |
| --- | --- |
| PVG (Disclosure) Number |   |
| PVG Date |   |

**PVG Disclosure Confirmation – for completion by Line Manager**

|  |  |
| --- | --- |
| I can confirm that I have checked all Disclosure/ PVG/GTC details for : |  (Name of Applicant): |
| Line Manager name (please print) |  |
| Line manager job title (please print) |   |
| Line Manager signature  |  |
| Date |  |

**Please continue to next page…**

|  |
| --- |
| **I agree to the Operating Authority (RGU: Union) requirements and eDofE rules**  |
|   | Print name | Signature | Date |
| Applicant |   |   |   |

Data supplied on this form and information about DofE activities recorded in *e*DofE 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 *e*DofE messaging system, or via Robert Gordon University emails***. Leaders can choose to receive this information to an external email account or by post using the personal preferences section in eDofE. These preferences can be updated at any time.***

**For RGU: Union administration**

|  |  |  |  |
| --- | --- | --- | --- |
| Date registered on eDofE |  | Applicant Approved by  |  |
| Username |  | Initial Password |  |