

Volunteering

Name: _____

Category: _____

Activity: _____

Date started: ___/___/___ Completed: ___/___/___

Assessor: _____

Position/qualification: _____

Goals set: _____

Your comments: _____

The above information is stored in eDofE. Remember to upload plenty of good quality evidence for your Achievement Pack!

Physical

Name: _____

Category: _____

Activity: _____

Date started: ___/___/___ Completed: ___/___/___

Assessor: _____

Position/qualification: _____

Goals set: _____

Your comments: _____

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Assessor's comments: _____

Signature: _____ Date: __/__/__

Leader's signature: _____ Date: __/__/__

Please scan or photograph this page and upload to eDofE as evidence.

Skills

Name: _____

Category: _____

Activity: _____

Date started: ___/___/___ Completed: ___/___/___

Assessor: _____

Position/qualification: _____

Goals set: _____

Your comments: _____

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Expedition

Name: _____

Mode of travel: _____

Aim: _____

Date started: ___/___/___ Date completed: ___/___/___

Supervisor: _____ Position/qualification: _____

Training Checklist	Completed:	Checked by:
First aid & emergency procedures		
Awareness of risk and health/safety issues		
Navigation and route planning		
Campcraft, equipment and hygiene		
Food and cooking		
Country, highway and water sports codes		
Observation, recording and presentation		
Teambuilding		
Proficiency in the mode of travel		

Practice expedition(s) (dates and areas): _____

I confirm that, in my judgement, this participant has acquired a level of experience and competence during training and practice expedition(s) to enable them to do their qualifying expedition.

Supervisor's signature: _____ Date: ___/___/___

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Expedition

Name: _____

Dates: _____ Notification number: _____

Area: _____

Assessor's name: _____ ID No: _____

Pre-expedition check completed: Date: ___/___/___

Assessor's comments: _____

Signature: _____ Date: ___/___/___

Please scan or photograph this page and upload to eDofE as evidence.

Expedition

Name: _____

Date of presentation: ____/____/____

Presentation given to: _____

Their comments: _____

Signature of person seeing presentation: _____

Please scan or photograph this page and upload to eDofE as evidence.

Your comments

Memorable moments: _____

What I got out of it: _____

Participant's signature: _____ Date: ___/___/___

Leader's signature: _____ Date: ___/___/___

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