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| **Expedition Notification Form Part B: Final Arrangements** |
| What? This is for all expeditions, including Practices  When? As soon as arrangements complete, even sooner if you need an assessor  Why? Notification to County is required to meet LO requirements for all Expeditions  Who? Send to County DofE Adviser and your Assessor  Where else? Detail can be attached to, or included in, the NAN form for your DC if you wish |

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| Date From | |  | | | Date Until | |  | |
| DofE Group (District) | |  | | | Team Name | |  | |
| **Supervisor** | |  | | | Telephone | |  | |
| email | |  | | | Scout Mem # | |  | |
| Supporting Adults | | Name | | | Scout Mem # | | Assisting/responsible for e.g. Permit Holder,First Aid | |
| At least one recommended | |  | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
|  | | | | | | | | |
| Assessor Name | |  | | | email | |  | |
| Acc.Ass No. | |  | | | Mobile Phone | |  | |
| Scout mem. | |  | | | Note: The Assessor must be independent i.e. not closely involved with the participants, leader, supervisor etc. | | | |
| OR Request | | Assessor | YES / NO | |
| Please let us know if you would like us to help find an independent assessor | | | | | | | | |
| No | Participant Name | | | eDofE no. | | Age on Exped \* | | If Practice Completed  (Date ,Area & Not’n #.) |
| 1 |  | | |  | |  | |  |
| 2 |  | | |  | |  | |  |
| 3 |  | | |  | |  | |  |
| 4 |  | | |  | |  | |  |
| 5 |  | | |  | |  | |  |
| 6 |  | | |  | |  | |  |
| 7 |  | | |  | |  | |  |
| 8 |  | | |  | |  | |  |
| *Please note we recommend a minimum of 7 per team in case some drop out. If you have space we can advertise for additional team members* | | | | | | | | |
| *Kindly also annotate if anyone listed is not under assessment(e.g. using the expedition for the Platinum/Diamond Chief Scout’s award only* | | | | | | | | |

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| eDofE | Expeditions must be logged on eDofE-which includes confirmation of completing the training frameworks. Confirm this is complete:- | Yes / No |
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| Variations needed)If any) | If you are anticipating not meeting any of the 20 Conditions. Please indicate here now and we will assist in applying for variations. |  |
| I understand that as Supervisor, I need to provide in Touch, Supervision Plan & Risk Assessments | |  |
| I understand that the participants need to provide: Aims, Route Cards & menu (Ideally on eDofE) | |  |
| I have checked all adults \* attending have a valid DBS & minimum required training | |  |

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| Signed (Type name) |  | Date |  |