

Notification of Expedition

DofE 1

BEFORE COMPLETING THIS FORM, PLEASE STUDY THE INFORMATION GIVEN OVERLEAF

PLEASE USE BLOCK CAPITALS

Name of Group	
School EVC Name and Contact No.	
Name of Person submitting this form	
Tel No (Home) (Work)	
Address	
Post Code	
RESPONSIBILITY FOR THE GROUPS RESTS WITH THE FOLLOWING SUPERVISOR:	
1 Name & ID No.	
Female	
Emergency Contact Person	
Emergency Contact Number	
2 Name & ID No.	
Male/	
Emergency Contact Person	
Emergency Contact Number	
Please include extra leaders names under the participant details	
Area to be visited / Map No.	
Dates	
Purpose	
Level (Delete as appropriate)	
<input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold	
Practice or Assessment	
Practice / Assessment	
Training	
Adventurous Activity (please give details)	
Risk Assessments have been completed	
Yes/no	
Expedition	Exploration
Archery	Sailing
Cycling	Climbing
Walking	Rafting
Canoeing	Kayaking
Rowing	

Assessor required	No/Yes
Name of Assessor	
Accreditation or NCC Registration No.	
Tel No. During Venture	
A pre-expedition check will be undertaken by the assessor.	Yes/No

DRIVER INFORMATION All NCC Minibus Procedures MUST be followed	
1 Name	
MIDAS No.	
2 Name	
MIDAS No.	
Vehicle Make/Model	
Registration No.	
Vehicle is owned by:	
If a trailer is to be used all drivers MUST have experience or have completed trailer training.	

Expedition Leaders Phone Number during expedition:

DECLARATION (To be signed by the Award Leader) I have read the conditions and confirm that they will be fulfilled, including practice journeys. I understand that each candidate is physically able and competent to undertake the venture. Signed	EVC checked and approved Signed	Date sent to EVA: (If Applicable)	DofE Office: DATE RECEIVED:
Date	Date		



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**If you have any queries please contact the DofE office, 01933 666833.
(Excluding Wild Country Ventures as defined by DofE)**

1. This form is standard application for approval for Training, Practice and Assessment. Expedition/Explorations in open and unfamiliar country/Adventurous Activities & Open Award Centres.

ONE FORM = ONE GROUP

EXPEDITIONS IN WILD COUNTRY AT ANY LEVEL MUST BE NOTIFIED ON THE GREEN "EXPEDITION NOTIFICATION FORM FOR VENTURES IN WILD COUNTRY"

2. This approval form should be completed, 4 (Four) weeks before the venture, and if requiring an assessor, The DofE Office must be informed 6 (Six) weeks (minimum) before the venture.
3. The helpers named on this form may not be named helpers for more than 2 groups of a maximum of 7 people in each group totalling 14.
4. The Supervisor must have a Health/Consent form for all members of the group including additional leaders. This must be readily available to all leaders throughout the venture and a copy held by the EVC.
5. It is the responsibility of the person submitting this form, the Supervisor in Charge and the EVC that all information is correct and that all safety and DofE Award standards are met throughout the venture.
6. **For Expedition Training & Open Awards – Please include Dates/Programme**
7. **All NCC Minibus Procedures MUST be followed.**

HOW TO COMPLETE THIS FORM

- ALL GROUPS – you must complete both sides of the form (Participants include age – Leaders include Registration Number, available from the DofE Office.)
- ALL GROUPS will use the School / Colleges Critical Incident Procedure.
- For all groups with more than 2 leaders present then please complete their information in the table below (All Leaders present MUST be named on the Form with EVC signature)

If this expedition is in **familiar** country it is treated as **category B**.

If this is a expedition in unfamiliar country **it is a category C**, and this form must be filled out and sent to Bob Burson four weeks prior to the venture going out. bburson@northamptonshire.gov.uk , Bob Burson, Longtown Outdoor Centre, The Court House, Longtown, HR2 0LD.

Group information

FORENAME	SURNAME	M/F	AGE/ID NO.	EMERGENCY CONTACT NO.	CONTACT PERSON
FORENAME Additional staff	SURNAME	M/F	age/ID no.	Emergency contact no.	contact person

Expedition information

LOCATION INFORMATION	DAY & DATE	LOCATION	GRID REF	DISTANCE	HOURS ACTIVITY	HEIGHT GAINED	SUPERVISOR LOCATION	GRID REF
Base								
Start								
Night 1								
Night 2								
Finish								
TOTAL								