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| **Expedition Notification Form & Assessor Request Form (V9 Mar23)** |

**This form is supplemental to the NAN form, please supply a completed NAN form at the same time, to save you repeating the same information on this form.**

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| **What?** This is for **all** expeditions including practices.**When? Minimum:** Four weeks before any expedition. Six weeks if you are requesting an Assessor.**Why?** County Approval is required to meet LO requirements for all Expeditions ([Link](https://www.scouts.org.uk/volunteers/running-your-section/programme-guidance/the-duke-of-edinburghs-award/running-dofe-as-a-leader/expedition/things-to-consider-when-running-an-expedition/)). **Who?** Send to County DofE Advisor dofe@gscouts.org.uk |

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| **Scout District** | See NAN | **Unit Name** | See NAN |
| **Supervisor** |  | **Telephone** |  |
| **Email** |  | **Membership No** |  |
| **Supporting Adults - list all*****Min 2, inc Supervisor as per POR*** | **Name** | **Membership No** | **Role e.g. Assisting/ Permit holder/First Aid** |
|  | See NAN |  |
|  | See NAN |  |
|  | See NAN |  |
| **Start Date** | See NAN | **End Date** | See NAN |
| **Camp 1 Location & phone number** |  | **Mode of Travel** |  |
| **Camp 2 Location & phone number** |  | **Level** |  |
| **Camp 3 Location & phone number** |  | **Practice or Qualifying** |  |

Please check the prohibited and Restricted Areas Camping Directory on scouts.org.uk to ensure your site does not fall within a restricted area

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| **Assessor name** |  | **EAAS ID no (*if known)*** |  |
| **Membership No.** |  | Note: The assessor must be independent e.g. not closely involved with the participants, leader, supervisor etc. |
| **OR Assessor request** | Yes / No | Please let us know if you would us to help find an assessor. |

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| **No** | **Participant Name**  | **eDofE number** | **Age on expedition** | **If Practice Expedition completed (Date & Area)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| *Please note that we suggest a minimum of 5 per team in case someone drops out. If you have space we can advertise for additional team members. Please note if the person 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 |
| **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. | Yes/No |
| Is this event being run using Event Passports? | See NAN |
| I understand that as supervisor as part of the planning and preparation for the nights away activity the following documentation should be in place: programmes, attendance information, medical and emergency contact information for attendees, InTouch system, menus and written risk assessments.  | Yes/No  |
| I understand that as supervisor I need to (and will) provide In Touch details, Supervision Plan, Risk Assessments with this form | Yes/No |
| I understand that the participants need to provide: Aims, Route cards & Menu (ideally on eDofE) | Yes/No  |
| **I have checked all Scouting Volunteer Adults have a valid DBS & minimum required training**  | Yes/No |

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| InTouch Details (please provide details of your InTouch system and the main contacts in the event of an emergency) | See NAN |
| Risk Assessment | I confirm the written risk assessment for this nights away activity has been shared with the responsible Commissioner or their delegate  | See NAN |
| I confirm that the risk assessment will be communicated to adults and young people involved in the event, in an appropriate manner, in order for them to understand the risks and how these will be managed | See NAN |
| GSL / DESC | I confirm that the Group Scout Leader / District Explorer Scout Commissioner is aware of this event taking place  | See NAN |

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| **Signed (type name)** |  | **Date** |  |
| **Expedition Acknowledged by County DofE Advisor** |  | **Notification #** | Glos/ / / / |