# DofE4 Expedition Notification

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| Name of DofE Centre | |  | | | | | | | | | | | | | | | | | | | | | | |
| Expedition Location(s) | |  | | | | | | | | | | | | | | | Expedition Dates | | | | |  | | |
| Award Level | | Bronze | | | | | | Silver | | | | | | | | | | | Gold | | | | | |
| Expedition Type | | Practise | | Qualifying | Day Only | | Overnight | Day only with final overnight | | | | | Qualifying from previous level on practise for the new level | | | | | | | | | | Back to Back | |
| Coordinator Name | |  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | |  | | | | | | | | | | | | | | | | | | | | | | |
| Names of DofE Centre Staff Attending Expedition where they are neither Supervisor or Assessor | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | **Group Details** | | | | | | | | | | | | | | | | | | | | | | |
| Group | Male Participants (Quantity) | | Female Participants (Quantity) | Describe their gender in another way (Quantity) | Would prefer not to say (Quantity) | Expedition Mode of Transport (i.e Walking/Cycling etc) | | Is Supervisor from DofE Centre or from AAP (include the name of the AAP i.e Aspen,GoVenture,Outlook or CEntre) | | | | Exped Supervisor Name | | | | | | Exped  Supervisor NGB Qualification | Exped Supervisor Mobile Number | | Assessor Name (If Qualifying Exped which can be the same person as supervisor on a Bronze QU) | | Assessor ID Number | Assessor Mobile Number |
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| **Home Base Contact Details** | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Base Contact Name | |  | | Telephone Number 1 | | Telephone Number 2 | | | | | | | | | | Email Address | | | |  | | | | |
| Head of Establishment/Senior Manager Name | |  | | Telephone Number 1 | | Telephone Number 2 | | | | | | | | | Head of Establishment/Senior Manager Email Address | | | | |  | | | | |
| **It is the responsibility of each DofE Centre Co-ordinator to ensure the following information is sent to their DofE Development Coach** | | | | | | | | | | | | | | | | | | | | | | | | |
| DofE 4 | | | | Route Card | | | | | Map | | | | | Variation Application (as appropriate) | | | | | | | | | | |
| **It is the responsibility of each DofE Centre Co-ordinator to ensure that the following information has been signed off by senior management and communicated with expedition staff and home base contacts and to keep a hard copy within the DofE Centre.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical and Parental consent forms have been obtained for each participant (MC48 for all school groups) | | | | | | | | | | | | | | | | | | | | | | | | |
| A specific risk assessment has been carried out (MC48 for all school groups as well as being taken out by AALS registered AAP) | | | | | | | | | | | | | | | | | | | | | | | | |
| Form of application (MC48 for all school groups) | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Procedures and Contact information Sheet (MC48 for all school groups) | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants are registered on eDofE at the suitable level of the expedition they are taking part in | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Transport Provision Plan | | | | | | | | | | | | | | | | | | | | | | | | |
| **All Supervisors must be appropriately trained and have the appropriate qualification for terrain. All Equipment must be appropriate. All necessary permissions have been obtained (access and campsites) All paperwork processes in accordance with the DofE Glasgow City Council procedures have been adhered to** | | | | | | | | | | | | | | | | | | | | | | | | |
| Centre Co-ordinator Signed  Date: / / | | | | | | | | | | Head of Establishment/Senior Management Signed  Date: / / | | | | | | | | | | | | | | |