



Before you fill out and submit this form, check our guidance on the [Girlguiding website](#).

DofE expedition notification form

Section 1: Expedition notification

Branch of Girlguiding you're notifying:

| | | |
|--|---|--|
| <input type="checkbox"/> Girlguiding (England and Ulster and British Guiding Overseas) | <input type="checkbox"/> Girlguiding Scotland | <input type="checkbox"/> Girlguiding Cymru (Wales) |
|--|---|--|

Expedition details:

| | | | |
|---|-----------------------|-------------|--------|
| Start date: / / | End date: / / | | |
| How many of the participants are: | | | |
| Female: | Male: | Non-binary: | Other: |
| Girlguiding DofE group name and county: | | | |

Who is providing this expedition?

| | |
|---|--|
| <input type="checkbox"/> Approved Activity Provider (AAP) | <input type="checkbox"/> The Girlguiding group |
| Name of approved AAP (if applicable): | |

Details of person submitting this form

| | |
|-----------------------|----------------|
| Name: | |
| Role in Girlguiding*: | GO number: |
| Contact number: | Contact email: |

* If you have more than one role, put the one relating to DofE

Section 2: Supervision team details

The supervisor is the person responsible for the safety and well-being of participants during an expedition. The supervisor must hold the appropriate mode of travel qualification for the planned route. If this role is being divided between more than one person, for example, on different days of the expedition, please make this clear on the form. This role is the only compulsory one (apart from a DofE assessor for qualifying expeditions). It's also the only role that requires qualifications in the mode of travel. Please also fill in any other adult team members. If you have more, please use the extra fields at the bottom of this form.

Supervisor

| | |
|---|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel | |
| | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |
| | |

Expedition support volunteer one

| | |
|--|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |

Expedition support volunteer two

| | |
|--|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |

If you have more support volunteers, please use the extra fields at the bottom of this form.

Home contact

| | |
|--|------------------------------|
| Name: | GO number: |
| Mobile number: | Home number: |
| Email: | |
| Has the home contact been briefed and agreed to take on this role? | Yes <input type="checkbox"/> |

Assessor details

| | |
|---|------------|
| Name: | |
| Accreditation number: | GO number: |
| Contact number during the expedition: | |
| Contact email: | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | |

Section 3: Expedition

| | |
|---|---|
| Type of expedition: <input type="checkbox"/> Unaccompanied practice expedition <input type="checkbox"/> Qualifying expedition | |
| DofE level: <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold | |
| Mode of travel: | <input type="checkbox"/> Walking <input type="checkbox"/> Cycling <input type="checkbox"/> Canoe/kayak <input type="checkbox"/> Sailing <input type="checkbox"/> Horse <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other (please specify): |
| What is the highest level of countryside or water classification encountered on the route? | |
| <u>Walking, cycling, horse riding or wheelchair expeditions:</u> | <u>Canoeing, kayaking or sailing expeditions:</u> |
| <input type="checkbox"/> Easy <input type="checkbox"/> Lowland <input type="checkbox"/> Open <input type="checkbox"/> Remote <input type="checkbox"/> Extreme | <input type="checkbox"/> Very sheltered water <input type="checkbox"/> Sheltered water <input type="checkbox"/> Moderate inland water <input type="checkbox"/> Moderate sea <input type="checkbox"/> Advanced inland water <input type="checkbox"/> Advanced sea |
| Is the expedition happening in the UK or is it an international trip: <input type="checkbox"/> UK <input type="checkbox"/> International | |
| If international, what country is it taking place in? | |
| Aim of the expedition: | |
| Are any expedition variations being used? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, which ones? (Find more information on the approval needed for variations on the DofE website.) | |

Expedition location information

| | | | Hours | | Team | | | |
|----------------------------|-----|------|------------|------------------|------------------------------|---------------------|---------------|-------------------|
| | Day | Date | Journeying | Planned activity | Team location and place name | Team grid reference | Distance (km) | Height gained (m) |
| Expedition start - day one | | / / | | | | | | |
| Night one | | / / | | | | | | |
| Night two | | / / | | | | | | |
| Night three | | / / | | | | | | |
| Expedition end | | / / | | | | | | |

Is the expedition group staying over for any extra nights to allow for travelling to/from the expedition area?

- Yes - the night before
 Yes - the night after
 Yes - the night before and after
 No

If you ticked yes, please give details (including venue information and travel details):

Section 4: DofE participants

Participant one

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Participant two

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Participant three

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Participant four

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Participant five

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Participant six

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Participant seven

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Participant eight (used only for modes of transportation that include tandem expeditions)

| | | | |
|--|---|--|--|
| Name (as it is on eDofE): | | Surname: | |
| GO number: | Age at date of expedition: | eDofE ID number: | |
| Tick if being assessed: <input type="checkbox"/> | Previous expedition levels completed: B <input type="checkbox"/> S <input type="checkbox"/> | Is this expedition being used for their Queen's Guide award?: <input type="checkbox"/> | |
| Dates/areas of practice expeditions undertaken: | | | |

Section 5: Declarations

Declaration by the supervisor

| |
|--|
| <input type="checkbox"/> I can confirm: <ul style="list-style-type: none"> • The group has been trained using the DofE training framework for their level. • The group has been trained in the mode of travel. • I've been able to submit the group for this expedition with confidence, based on the performance of each member of the team on practice expeditions/during training. • Each team member is physically able to undertake the expedition. |
| Signature:* |

Declaration by the person submitting this form

Please submit this form 6-8 weeks before the expedition is going to take place

| | | | |
|---|------------------------------|-----------------------------|--|
| <input type="checkbox"/> I can confirm the details on this form are accurate. | | | |
| Please include the following when submitting: (If you don't have these to submit, please indicate when you will be able to send them over) | | | |
| <input type="checkbox"/> Supervision plan (if you are using a written one) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| <input type="checkbox"/> Risk assessment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| <input type="checkbox"/> Route cards | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| <input type="checkbox"/> Activity plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| <input type="checkbox"/> Variation form (if needed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| <input type="checkbox"/> Home contact agreement form | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| <input type="checkbox"/> Maps | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| <input type="checkbox"/> Proof of adult leadership training and qualifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no, when will you submit? / / |
| Signature:* | | | |

Declaration by the home county DofE adviser

(or country/region DofE adviser if the county DofE adviser is involved in the expedition.)

| | |
|---|-------------------|
| Name: | Date: / / |
| <input type="checkbox"/> I confirm Girlguiding's requirements have been fulfilled and approval is given for the expedition to take place: | |
| Signature:* | |

* or email address if submitted electronically

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Girlguiding is an operating name of The Guide Association. Registered charity number 306016. Incorporated by Royal Charter.

Email: DofE@girlguiding.org.uk Website: www.girlguiding.org.uk

Additional support volunteers

Expedition support volunteer three

| | |
|--|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |

Expedition support volunteer four

| | |
|--|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel: | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |

Expedition support volunteer five

| | |
|--|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel: | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |

Expedition support volunteer six

| | |
|--|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel: | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |

Expedition support volunteer seven

| | |
|--|----------------|
| Name: | |
| Role in Girlguiding: | GO number: |
| Qualifications in mode of travel: | |
| | |
| Contact number: | Contact email: |
| Contact number during the expedition (if different from above): | |
| A Safe Space levels completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |
| First Aid qualifications | Expires |
| | |