



# DofE expedition notification form

## Always use our official Girlguiding permission forms

Before you fill out and submit this form, check our guidance on the Girlguiding website.

## Section 1: Expedition notification

Branch of Girlguiding you're notifying:

Girlguiding (England and Ulster)

Girlguiding Scotland

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 may require 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	Expiry date on GO
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	Expiry date on GO

## 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	Expiry date on GO

## 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	Expiry date on GO

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:  Unaccompanied practice/training expedition  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><a href="#">Walking, cycling, horse riding or wheelchair expeditions:</a></u>	<u><a href="#">Canoeing, kayaking or sailing expeditions:</a></u>
<input type="checkbox"/> Easy <input type="checkbox"/> Lowland <input type="checkbox"/> Open <input type="checkbox"/> Remote <input type="checkbox"/> Extreme <input type="checkbox"/> Urban	<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 outside of your country or region? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you notified the host DofE adviser for that location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of the adviser:	
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?	
Expedition team goal:	

### Expedition location information

			Hours		Team – Supervisor			Team – Participants				
	Day	Date	Journeying	Planned activity	Location	Place name	Grid ref	Location	Place name	Grid ref	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  
 Yes – 2 or more consecutive nights (Have you completed a REN form? Yes  No  )  
 No

\* Important note: If you are staying 2 or more consecutive nights before or after an expedition for training with the group i.e. the participants are not completing a practice or qualifying expedition, then you must fill out a REN form for the training days

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"/>	

### 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"/>	

### 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"/>	

### 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"/>	

**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"/>	

**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"/>	

**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"/>	

**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"/>	

Participant number	Date of practice (dd/mm/yy)	Area of practice
1		
2		
3		
4		
5		
6		
7		
8		

## Section 5: Declarations

### Declaration by the supervisor

<input type="checkbox"/> I can confirm: <ul style="list-style-type: none"> <li>The group has been trained using the DofE training framework appropriate to the environment where the expedition is taking place.</li> <li>The group has been trained in the mode of travel.</li> <li>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.</li> <li>Each team member is physically able to undertake the expedition.</li> </ul>
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"/> Team goal activity 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"/> 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 roles on GO + relevant training and qualifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, when will you submit?
Signature:*			

\* or email address if submitted electronically

**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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## 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