

# Duke of Edinburgh's Award Expedition Notification Form



## SECTION 1: Expedition details:

Scouts NI DofE Centre	
Scouts NI County & District	

Expedition Start Date		Expedition End Date	
-----------------------	--	---------------------	--

Number of Participants	Male:	Female:	Other:
------------------------	-------	---------	--------

## Who is providing this expedition?

The Scouts NI DofE Centre	An Approved Activity Provider (AAP)	Name of AAP (if applicable)
---------------------------	-------------------------------------	-----------------------------

## Details of person submitting this form

Name	
Scouts NI Membership number	
Contact telephone number	
Contact email address	

## Assessor's Details for Qualifying expedition

Name	
DofE Assessor Accreditation number	
Contact telephone number during the expedition	
Contact email address	

Note: Your Assessor needs to be registered with Scouts NI as a Scouts NI DofE Accredited Assessor.

**SECTION 2A: Expedition Supervisor details**

The expedition supervisor is the person responsible for the safety and well-being of participants during the expedition. The supervisor must hold the appropriate Scouts Supervisory Permit for the mode of travel of the expedition and the expedition route. This permit must be valid at the date(s) of the expedition.

Expedition Supervisor name	
Scouts NI Membership number	
Contact telephone number	
Contact email address	
Contact telephone number during the expedition (if different to above)	
Details of expedition Supervisor's Supervisory Permit including any permissions/restrictions.	

If the role of Expedition Supervisor is being divided between more than one person, for example, on different days of the expedition, or for different Permits, please make this clear and submit the above details for any other Supervisors in the notes box in Section 6.

**SECTION 2B: Nights Away Supervisor Details**

**Please tick**

(a) The Expedition Supervisor's Supervisory Permit allows supervision of lightweight camping	
(b) The Expedition Supervisor holds a separate Lightweight Camping Permit or Green Field Camping Permit	

If the Expedition Supervisor is not the Nights Away supervisor, then give details of the Nights Away Permit holder who will supervise during the expedition or who issued the Nights Away Passport to the expedition participants.

Nights Away Permit Holder name	
Scouts NI Membership number	
Contact telephone number	
Contact email address	

**SECTION 3: Expedition**

Unaccompanied practice expedition	Qualifying expedition
-----------------------------------	-----------------------

Bronze	Silver	Gold
--------	--------	------

Walking	Cycling	Canoe/kayak	Sailing	Other
---------	---------	-------------	---------	-------

If other, please specify	
--------------------------	--

Detail the level of Terrain or Classification of Water encountered on the expedition route.	
---	--

Is the expedition taking place in the UK or is it an international expedition?

UK	International
----	---------------

If international, please give details	
---------------------------------------	--

Qualifying expeditions only – Team Goal for expedition	
--	--

Section 3 continued on next page

**Section 3 (continued) Expedition location information**

This information is taken from the bottom line of each day's Route Card

			Hours		Team				Supervisors	
	Day	Date	Journeying	Planned Activity	Location and place name	Grid Ref (if available)	Distance (km)	Height gained	Location	Grid Ref (if available)
Base		/ /								
Start		/ /								
Night 1		/ /								
Night 2		/ /								
Night 3		/ /								
Finish		/ /								

**SECTION 4: DofE participants**

If any of the participants are over 18 years of age then they need to be registered on Compass as Scout Network Members or as Leaders.

If there are over 18's and under 18's on the same expedition then, in addition to being on Compass, the over 18's need to be Access NI checked.

(The 8<sup>th</sup> row is for modes of travel that include tandem only)

Forename	Surname	Gender M/F/O	Age (at date of expedition)	Tick if being assessed	eDofE number	Scout Association Membership No. if participant is aged over 18	Dates/areas of practice expedition(s) undertaken

**SECTION 5: Declaration by the person submitting this form**

Please submit this form to Scouts NI at least 4 weeks before the expedition start date.

Email - [info@scoutsni.org](mailto:info@scoutsni.org)

or

Post - Scouts NI, 109 Old Milltown Road, Belfast, BT8 7SP

Please include the following when submitting this form

	Please tick
Route Card for each day of the expedition	<input type="checkbox"/>
Route Tracing for each day of the expedition	<input type="checkbox"/>
Team Goal Activity Plan for the expedition	<input type="checkbox"/>

I can confirm that:

A Nights Away Notification (NAN) form has been submitted to the District Commissioner (DC) and the DC has given permission for the expedition.	<input type="checkbox"/>
There are InTouch procedures in place	<input type="checkbox"/>
A written Risk Assessment has been completed	<input type="checkbox"/>
A Safety Card (Emergency Card) is carried by the expedition group	<input type="checkbox"/>
POR Rule 9.1 has been read and checked off	<input type="checkbox"/>

**SECTION 6: Any additional information?**

Signature of person submitting this form:	Date:
---	-------

Data will be managed under the General Data Protection Regulations and the Data Protection Act 2018. Further information can be found at <https://www.scouts.org.uk/about-us/policy/data-protection-policy/>