

# Volunteering

Name: \_\_\_\_\_

Category: \_\_\_\_\_

Activity: \_\_\_\_\_

Date started: \_\_\_/\_\_\_/\_\_\_ Completed: \_\_\_/\_\_\_/\_\_\_

Assessor: \_\_\_\_\_

Position/qualification: \_\_\_\_\_

Goals set: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

*The above information is stored in eDofE. Remember to upload plenty of good quality evidence for your Achievement Pack!*

# Volunteering

Name:

Assessor's comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Leader's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Please scan or photograph this page and upload to eDofE as evidence.*

# Physical

Name: \_\_\_\_\_

Category: \_\_\_\_\_

Activity: \_\_\_\_\_

Date started: \_\_\_/\_\_\_/\_\_\_ Completed: \_\_\_/\_\_\_/\_\_\_

Assessor: \_\_\_\_\_

Position/qualification: \_\_\_\_\_

Goals set: \_\_\_\_\_

\_\_\_\_\_

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Your comments: \_\_\_\_\_

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Assessor's comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Leader's signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

*Please scan or photograph this page and upload to eDofE as evidence.*

# Skills

Name: \_\_\_\_\_

Category: \_\_\_\_\_

Activity: \_\_\_\_\_

Date started: \_\_\_/\_\_\_/\_\_\_ Completed: \_\_\_/\_\_\_/\_\_\_

Assessor: \_\_\_\_\_

Position/qualification: \_\_\_\_\_

Goals set: \_\_\_\_\_

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Your comments: \_\_\_\_\_

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Assessor's comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Leader's signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

*Please scan or photograph this page and upload to eDofE as evidence.*

# Expedition

Name: \_\_\_\_\_

Mode of travel: \_\_\_\_\_

Aim: \_\_\_\_\_

Date started: \_\_\_/\_\_\_/\_\_\_ Date completed: \_\_\_/\_\_\_/\_\_\_

Supervisor: \_\_\_\_\_ Position/qualification: \_\_\_\_\_

<b>Training Checklist</b>	Completed:	Checked by:
First aid & emergency procedures		
Awareness of risk and health/safety issues		
Navigation and route planning		
Campcraft, equipment and hygiene		
Food and cooking		
Country, highway and water sports codes		
Observation, recording and presentation		
Teambuilding		
Proficiency in the mode of travel		

Practice expedition(s) (dates and areas): \_\_\_\_\_

I confirm that, in my judgement, this participant has acquired a level of experience and competence during training and practice expedition(s) to enable them to do their qualifying expedition.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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# Expedition

Name: \_\_\_\_\_

Dates: \_\_\_\_\_ Notification number: \_\_\_\_\_

Area: \_\_\_\_\_

Assessor's name: \_\_\_\_\_ ID No: \_\_\_\_\_

Pre-expedition check completed:  Date: \_\_\_/\_\_\_/\_\_\_

Assessor's comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Please scan or photograph this page and upload to eDofE as evidence.*



# Expedition

Name: \_\_\_\_\_

Date of presentation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Presentation given to: \_\_\_\_\_

Their comments: \_\_\_\_\_

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Signature of person seeing presentation: \_\_\_\_\_

*Please scan or photograph this page and upload to eDofE as evidence.*

## Your comments

Memorable moments: \_\_\_\_\_

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What I got out of it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Leader's signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

*Please scan or photograph this page and upload to eDofE as evidence.*