



Delegate application form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS

Venue: _____ Date: ____/____/____ Course number: _____

Mr/Mrs/Miss/Ms Surname: _____ D.o.B: ____/____/____

First name: _____ Middle names(s): _____

Home address: _____

Postcode: _____

Home tel: _____ Work/mobile (if convenient): _____

Email: _____

What types of expeditions would you like to assess? (please tick)

- Walking Horse riding Cycling
- Water: canoeing Water: sailing Water: rowing

At what level(s) would you like to assess? Bronze Silver Gold

Section A: Current DofE affiliations

- Do you already have an Expedition Assessor accreditation number? Yes No (if Yes, No. _____)
- Have you already been issued with an Expedition Assessor log book? Yes No
- Are you associated with a DofE Operating Authority? Yes No (please specify each one)
If Yes which one(s)? _____
- Are you a current member of an Expedition Assessor Network? Yes No If Yes please give details:
Date joined: ____/____/____ Name of Network: _____
Date joined: ____/____/____ Name of Network: _____
- Have you been Enhanced CRB checked? Yes No
If Yes, was this through The Duke of Edinburgh's Award? Yes No
- CRB Certificate no: _____ Date issued: ____/____/____
- Organisation checked by: _____

Number of assessed expeditions undertaken as an Assessor (A) or Supervisor (S) each year for the past three years (if applicable):

	YEAR: 20____		YEAR 20____		YEAR: 20____	
	(A)	(S)	(A)	(S)	(A)	(S)
Bronze/Silver:						
Gold:						

Section B: Applicant's declaration

1. I fulfil the following pre-requisites:

- I have completed the online e-induction module at www.DofEtraining.org and attach the letter of completion to this application form.
- I have completed the pre-course learning at www.DofEtraining.org and attached the letter of completion to this application form.
- Note: Those Assessors who wish to operate at Gold level or Bronze/Silver Assessors who operate in wild country must also submit the letter of completion of the online Gold module which can be found at www.DofEtraining.org
- I have an official endorsement of technical competence (see below).
- I am aged 18 years or over.
- I enclose my course fee or invoice details.
- I enclose a passport-size photograph with my name written clearly on the reverse. (NB: a digital photo may also be taken on the course.)

2. I believe I have the necessary outdoor experience/qualifications.

3. I have a detailed working knowledge of the following expedition area(s): _____

4. I understand that being an Assessor requires me to declare that I have not at any time, within the United Kingdom and its dependencies, or in any other country or territory, been found guilty by a court of any offence concerning children or young people under 18 years of age, nor bound over, placed on probation, cautioned, or discharged conditionally or absolutely in relation to such offences.

Signature: _____ Date: ____/____/____

Section C: Official endorsement of technical competence

This section should be signed either by the Operating Authority's DofE Manager or Outdoor Advisor/Expedition Co-ordinator/AAP Manager.

Name of applicant: _____ is acceptable to the Operating Authority/Assessor Network/AAP. I can confirm that he/she is a suitable applicant for the Expedition Assessor Accreditation Scheme and fulfils the conditions of the EAAS and fulfils the following requirements (*please tick each box to confirm*).

- Has the necessary outdoor experience and/or qualifications in the requirements of the Operating Authority/Assessor Network/AAP
- Has attached the online e-induction letter of completion
- Has attached the pre-course learning letter of completion
- Has attached the Gold module letter of completion (Assessors of Gold expeditions or those Assessors of Bronze/Silver expeditions in wild country)
- Has enclosed a passport-sized photograph with their name written clearly on the reverse.

For operating at the following level: Bronze/Silver Gold (*includes working at Bronze/Silver level*)

I can confirm that the Assessor Network/Operating Authority/AAP will support the delegate in their supported assessment phase of the EAAS using a DofE-approved supervising Assessor.

Signature: _____ Date: ____/____/____

Print Name: _____ Position: _____

Name of Operating Authority/Assessor Network/AAP: _____

Course booking details

I enclose a cheque for £_____ payable to The Duke of Edinburgh's Award

Please invoice my Operating Authority/DofE group/employer at the following address:

Name if different: _____

Address: _____

Postcode: _____

Do you have any specific dietary or access requirements?

Please send this form, together with your remittance, to: