



**EXPEDITION ASSESSOR
ACCREDITATION SCHEME**

EAAS/5
July 2009

Supported assessment confirmation form

(This form is to be completed by the supervising Assessor and sent to the OA, Assessor Network or AAP.)

Name: _____ D.o.B.: ____/____/____

Bronze/Silver Expedition Assessor Gold Expedition Assessor

Performance Criteria	
The above named person fulfills the following performance criteria. (Please sign the following):	
Performance Criteria	Signature
They are able to carry out practical assessment in the field in accordance with the 20 conditions of the Expedition section for the relevant level being undertaken. Comments: How was this evidenced?	
They can establish good supportive relationships with the young people and communicate effectively with them. Comments: How was this evidenced?	
They are able to deal effectively with relevant forms, tracings, route outlines, route cards, the suitability of routes and problems associated with access. Comments: How was this evidenced?	
They are able to give effective advice to the Supervisor and the participants, based on their knowledge of the Expedition section. Comments: How was this evidenced?	

Supervising Assessor's Recommendations

Supervising Assessor's name: _____

Database number: _____

Assessment location: _____

1. The delegate has successfully completed the supported assessment.

Supervising Assessor's signature: _____ Date: ____/____/____

2. The delegate should seek to improve his/her standard in the sections indicated.

Supervising Assessor's signature: _____ Date: ____/____/____

General comments:

Please forward to your OA/Assessor Network/AAP.

Approved by (name): _____

Signature: _____ Date: ____/____/____

OA/AN/AAP: _____

Following approval, please send to your DofE Regional/Country Office, or Head Office for AAPs, to be processed.

For DofE use only:

Certificate, ID card and ID card holder issued: Date: ____/____/____

DofE Office: _____