

Participant:	
eDofE ID No:	
Level: Gold	

## **Qualifying expedition**

Aim:		
Dates: Notificatio	n number:	
Area:		
Expedition Assessor's full name:		
Email:	Phone:	
Expedition Assessor's ID No:		
Pre-expedition check completed on (	date)://	
Expedition Assessor's comments:		
Signature:	Date: /	/

Please note: the information you have provided in this report will be scanned and stored by the DofE as part of its record of the participant's achievement. The DofE will not share your personal data with third parties.