



Participant: _____
eDofE ID No: _____
Level: Silver

Qualifying expedition

Aim: _____

Dates: _____ Notification number (if relevant): _____

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.

Participants should scan or photograph this page and upload to eDofE as evidence.