

A3

NOTIFICATION OF DUKE OF EDINBURGH'S AWARD OFF SITE ACTIVITIES AND EXPEDITIONS

TO BE COMPLETED AND SIGNED BY LINE MANAGER PRIOR TO VISIT

This form must be returned to the Award Organiser within the following timescales. These are the minimum notification periods required to ensure correct processing of information:

Local Activity:	4 weeks notification
Out of County or Residential Activity – In-scope:	8 weeks notification
Out of County or Residential Activity – Out of scope:	4 weeks notification

Name of Group:		DfE No.	
Address:			
Organiser/Contact Name:			

Please tick boxes

CITY	<input type="checkbox"/>	COUNTY	<input type="checkbox"/>	RUTLAND	<input type="checkbox"/>
TRAINING	<input type="checkbox"/>	PRACTICE	<input type="checkbox"/>	QUALIFYING	<input type="checkbox"/>
BRONZE	<input type="checkbox"/>	SILVER	<input type="checkbox"/>	GOLD	<input type="checkbox"/>

Date of activity: From / / To / /

Duration days Time of leaving base Time returning

Participants: Male Female Leaders: Male Female



Age/s of Award Participants	Male	14	15	16	17	18+	Number in party	
	Female							

Name of Supervisor Leading Party		Card No.	
Name of Accredited Assessor		Card No.	
Transport arrangements (eg. coach/minibus)			

If using minibus:

Names of drivers		Date minibus test passed	

Name and 24hour contact details for responsible person who remains at home and who holds all relevant information for this trip, ie. names, addresses, medical information, route plans:

Name				day
Address				evening





This form must be completed for all activities. A separate page 2 is required for each in-scope activity.

A3 Cont.

ACTIVITY: WALKING CYCLING ON WATER HORSE RIDING

IS ANY PART OF THE ACTIVITY IN SCOPE? YES NO
 (If YES, submit route details and do not proceed until you have received written permission)

Area/Accommodation Address/es, including grid reference:

	Dates from:		to:			
	Dates from:		to:			
	Dates from:		to:			
	Dates from:		to:			

If activity is provided by an organisation other than your own, please give their Activity Licence number

Staffing Information:

First Name & Surname of all Leaders / Assistants	Post held	Relevant National Governing Body Qualification	Date of Award	Expiry

I/We certify that:- (please tick all sections that apply)

		✓
1.	Parents have been fully informed and have signed the consent form	
2.	The visit has the approval of the school governors (if school based group)	
3.	All monies collected and accounts will be subject to audit	
4.	The appropriate sections of Code of Conduct for Educational Visits and for Adventurous Activities have been read by all adults accompanying the group	
5.	A preliminary visit has been made to the area/all available information on the area has been obtained and a risk assessment has been completed	
6.	Additional insurance has been arranged (business insurance for private vehicles)	
7.	This venture will be operated within the guidance laid down in the Leicestershire Expedition Guide and the Guidance for the Conduct of Educational Visits and Adventurous Activities	

Signature of Party Leader

Date

Signature of Manager

Please return to: Award Administrator
 Beaumanor Hall
 Woodhouse
 Loughborough
 Leics LE12 8TX

For Office Use: