

Gold Adventurous Journey Approval Form

This form can be used as part of your planning process at any level of the Award. However, for Gold Qualifying journeys, this form must be submitted to the National Office for approval at least six weeks prior to the journey taking place .

All parts of this form must be completed – Tick the boxes and please use **BLOCK CAPITALS**

The purpose of this form is to determine whether the trip and the participants meet The Duke of Edinburgh's Award assessment requirements. This is not an endorsement by the Award of your safe practice. You are still required to ensure your risk management procedures are adequate.

Activity Provider: (e.g. the name of the Award Unit or Accredited Award Provider – the organisation delivering the Adventurous Journey Section)

Name of person submitting the form. (This must be a representative of the Activity Provider)

Please give name of the leader of the shadow party:

Name:

Please verify that this person will be physically tracking the group: **Yes** **No**

Email address:

Contact details:

The above-named person is deemed competent to supervise the group under the Activity Provider's outdoor safety policies and procedures and has been provided with an Assessor Checklist. Yes: No:

The Activity Provider named above accepts full responsibility for developing and implementing the safety guidelines for this activity and for ensuring adherence to all elements of best practice in its undertaking. Yes: No:

Nature of proposed journey:

Practice Journey Qualifying Journey Expedition Exploration

Where will journey take place:

Country..... Area.....

If you are doing your Adventurous Journey in another country, you will need to contact the Duke of Edinburgh's International Award office in that country to notify them of your Adventurous Journey activity. For more information on this please contact the National Office on 0800 69 29 27.

Mode of Travel: Foot.....Cycle.....Canoe.....Sailing.....Rowing.....Riding.....

Group Members

First Name	Surname	Age at Date of Journey	Tick if under assessment for Gold Qualifying Adventurous Journey	Previous Awards Gained (Bronze, Silver or Direct Entrant)	Tick if appropriate preliminary training has been completed prior to Practice and Qualifying Journey	Area and Type of Practice Journey(s) Undertaken

Please note: The group size must be between 4-7 Participants. Only Journeys on water may have 8 participants in a group

Location Information (attach a separate sheet if necessary)

	Date:	Group Location	Grid Ref	Distance	Hours Journeying	Supervisor/Assessor Location
Day 1						
Day 2						
Day 3						
Day 4						
Totals:						

Declaration: *(to be signed by the representative of the Activity Provider):*

I have read and accept the DofEIA Adventurous Journey requirements and confirm that they will be met whether for Practice(s) and/or Qualifying Journey. If Participant(s) Practice(s) were carried out through another Activity Provider, I confirm that I/We are satisfied that the appropriate signoff has taken place.

Signed: _____ Date: _____

Name: _____ Position Held: _____

National Office Approval Number

Date Approved: