

Participant:	
eDofE ID No:	
Level: Silver	

Description of activity:		
Date started:/ Completed:/ ( months)		
Goals set by participant:		
Assessor's comments:		
Please write as much as possible, talking about training, teamwork (if applicable) and achievements. What you write will celebrate the achievement of the young person and form part of their permanent record of their DofE programme. 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.		
What progress did they make towards their goals?		
What did they achieve, what skills did they learn?		
How frequently did they take part in this activity?		
Any other comments?		
Signature: Date://		
Assessor's first name: Last name:		
Assessor's position/qualification:		
Assessor's phone number:		
Assessor's email:		

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



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## **Qualifying expedition**

Aim:		
Dates: Notifi	cation number (if relevant):	
	name:	
	Phone:	
	lo:	
·	pleted on (date):/	
Expedition Assessor's com	ments:	
Signature:	Date:/	

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