**Northumberland Scouts – Expedition Notification Process**

**Completion notes**

Use this form for notifying all D of E Practice and Qualifying expeditions. It may also be used for other Scout Expeditions. **Even if you can’t complete all of the required info now, please submit your form so that the process of approving your expedition and sourcing an Assessor can commence. You can submit subsequent forms when all of the info is available**.

**What is the notification form for?**

This form must be used to notify Northumberland Scouts that you are organising either an unaccompanied D of E practice or a qualifying expedition. It may also be used to notify your Responsible Commissioner of this Scout Adventerous Activity.

An unaccompanied expedition is one where remote supervision is used at any point, that is, all final practices and qualifying expeditions. Any training where remote supervision is used must also be notified.

**Who needs to be notified?**

**Tony Killing – County Expedition Coordinator** [tony.killing@sky.com](mailto:tony.killing@sky.com)

**Your Responsible Commissioner & DESC-** This form can be used for Nights Away Notification (Follow local process, guidance can be found here <https://members.scouts.org.uk/fs120015>)

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| **Level** | **Expedition** | **Assessor** | **Notification to Tony Killing** | **Notification to DC** |
| B / S / G | Practice | N/A | 4 Weeks | 4 Weeks |
| B / S / G | Qualifing | Assessor Sourced | 4 Weeks | 4 Weeks |
| B / S | Qualifing | Assessor Required | 4 Weeks | 4 Weeks |
| G | Qualifing | Assessor Required | 8 Weeks | 4 Weeks |
| N/A | Other Scout Exped | N/A | N/A | 4 Weeks |

**Why?**

Notification to your Responsible Commissioner (this may or not be your DC) is required as they will have ultimate responsibility to authorise the activity. They will accept this as a Nights Away Notification but may request additional information about the activity. Local arrangements will be in place so check who your Responsible Commissioner is. Your DESC also needs to be informed.

Notifications and route details are submitted to the County Expedition Coordinator

* Confirm that your proposals, if followed, comply with the 20 conditions of the Expedition section.
* Provide advice based upon local knowledge of the area to assist with the planning of the expedition.

**What information do you need to provide?**

**At least 4 weeks before your expedition:**

* **A copy** of this notification form per team ***fully completed*** and endorsed by your DofE Leader/Supervisor.
* **Two copies** of route outlines (electronic GPX files or tracings on A4 tracing paper or a separate tracing for each day). The route outline should include grid references showing the start, all camp sites, the finish, the location and brief details of any exploratory work, bad weather alternate routes, escape routes and the direction of travel.

**At least 2 weeks before your expedition:**

* Route cards with grid references, daily distances and timings, details of exploratory work, camp site locations, ***bad weather alternative routes*** and escape routes. Compass bearings are required for all Silver and Gold expeditions.
* Notes on the aim of the expedition.
* List of personal and team equipment to be carried including details of meals and supplies.

For qualifying expeditions where you have arranged your own assessment with an Accredited and Registered Scout Assessor, send this form to the County Expedition Coordinator, your Responsible Commissioner **and** to your Assessor. If you are paying a commercial organisation or freelance instructor to supervise or assess your teams you must ensure that they meet the Scouts POR requirements.

**What happens once you have submitted your form?**

The County Expedition Coordinator will review the information provided to assess its suitability as a DofE practice or   
qualifying expedition.

Northumberland Scouts levy a fee to cover the cost of Assessment by Scout Assessors. Details can be found [here](http://www.northumberlandscouts.org.uk/page/information-for-leaders). The County Expedition Coordinator will issue a Proforma invoice to be settled with County Office prior to the Expedition.If you do not receive authorisation from the County Expedition Coordinator then the activity will not count towards a D of E Award.

If you require a variation to any of the 20 Conditions contact the County Expedition Coordinator or County Advisor for D of E to discuss. The request form is available here <https://www.dofe.org/resource-zone/dofe-managers/expedition/>

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| Date Submitted | Version No | This replaces Version No. | Submitted on |

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| Notification only  Other Scout Expedition only | | | | | | | | | | | | | | | | | | Expedition details | | | | | | | | | |
| Responsible Commissioners Name | | | | | | | | | | | | | | | | | |
| Name of Explorer / Network Unit: | | | | | | | | | | | | | | | | | | Start Date:    /    / | | | | | | | | | |
| Number of participants:  Number of males: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Name of person submitting form: | | | | | | | | | | | | | | | | | | Position:  Membership Number: | | | | | | | | | |
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| **Supervisor details ~ responsibility for the safety and welfare of the team rests with the Supervisor**  (who will be based in the area during the expedition). | | | | | | | | | | | | | | | | | | Name:  Position:  Membership Number: | | | | | | | | | |
| Address (must be contactable prior to the expedition):    Email Address:  Home Telephone:  Mobile Telephone:  Base during Expedition (if different to Team Campsites):  If the Base has a Landline for Emergency Contact please record here  Risk Assessment  I confirm the initial written risk assessment for this Expedition has been shared with the Responsible Commissioner or their delegate  I can confirm that the initial risk assessment has been communicated to both adults and young people involved in the event in order for them to understand the risks and how these will be managed  First Aid Requirements  For Terrain Zero – I confirm that all participants have been trained inline with the activity risk assessment and D of E Training Sylabus ( Best Practice = Scout First Responder)  For Terrain 1 – I confirm that all participants have been trained to the level of First Responder (D of E Training Syllabus) and at least one participant in each team has a Scout First Responder (or equivalent) first aid qualification.  **Name of person(s) holding First Responder Qualification**    For Terrain 2 – I confirm that all participants have been trained to the level of First Responder (D of E Training Syllabus) and at least one participant in each team has a two-day first aid qualification.  **Name of person(s) holding Two Day Qualification**    Variations  Are any variations being requested for this Expedition  Yes  No  If Yes, email County Expedition Coordinator with details | | | | | | | | | | | | | | | | | | Qualifications / Permit / Experience (to enable Responsible Commissioner to authorise activity)    Have you attended a EASTC or ESTC Course?Yes  No | | | | | | | | | |
| If Supervising more than 1 Team, how many?  Who else will be assisting (All adults attending)?   |  |  |  | | --- | --- | --- | | Name | Position | Membership No. | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | |
| **In Touch Details – Please provide details of InTouch system and the main contact in the event of an emergency.** | | | | | | | | | |
| **Is the Expedition being run using Event Passports?**  Yes  No | | | | | | | | | |
| **NAN Permit holder if different to Supervisor**  Membership Number:  Telephone:  Email: | | | | | | | | | |
| **DESC is aware of the event** taking place  Yes  No | | | | | | | | | |
| Nature of proposed expedition (please tick): Unaccompanied practice expedition  Qualifying expedition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Approved Activity Provider** (if applicable): | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Total proposed hours of planned activity: Journeying       Exploring | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DofE level: | | | | Bronze | | | | | Silver | | | | Gold | | Although Bronze & Silver expeditions in wild country are not expressly forbidden, the Gold level Expedition Training Framework must be used. | | | | | | | | | | | | |
| Mode of travel (please tick): | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Foot | | | | | Cycle | | | | | | Canoe | | | | | Sailing | | | | Rowing | | | Horse riding | | | Other | |
| If other, please specify here: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If this form is for notification only and the group has already sourced an Assessor, please complete these details: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Assessor: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accreditation number: | | | | | | | | | | | | | | | | | | Registered to Assess for Scouts | | | | | | | | | |
| Pre-expedition contact tel no(s): | | | | | | | | | | | | | | | | | | Email: | | | | | | | | | |
| **Address and Postcode during the expedition:** | | | | | | | | | | | | | | | | | | **Contact tel no(s) during the expedition – at least one must NOT be a mobile:** | | | | | | | | | |
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| **Team members** (Please note – the 8th row (shaded grey) is to be used for modes of travel that include tandem only, e.g. canoe, bike). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | **Last Name** | | | | | | **Age** (at date of expedition yy/mm) | | | | **Tick if**  **being assessed** | | **eDofE ID Number** | | | **Previous**  **Awards**  **achieved** | | | | **Dates/areas of practice expedition(s) undertaken** | | | | | | |
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| Aim of expedition:  Has this been provided by the Leader Yes  No  Bronze only - will participants be camping? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of presentation:       (If none state **None**) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be reviewed by: | | | | | | Assessor | | | | | | | | Supervisor | | | | | DofE Leader | | | | | | Other | | |
| What area will the Expedition be taking place in? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | Hours | | | | | | | Team | | | | | | | | | | | | | |
|  | **Day** | | **Date** | | | | **Journeying** | | | **Planned Activity** | | | | **Location and place name** | | | | | | | | **Grid Ref** | | **Distance** | | | **Height gained** |
| **Base** |  | | /  / | | | |  | | |  | | | |  | | | | | | | |  | |  | | |  |
| **Start** |  | | /  / | | | |  | | |  | | | |  | | | | | | | |  | |  | | |  |
| **Night 1** |  | | /  / | | | |  | | |  | | | |  | | | | | | | |  | |  | | |  |
| **Night 2** |  | | /  / | | | |  | | |  | | | |  | | | | | | | |  | |  | | |  |
| **Night 3** |  | | /  / | | | |  | | |  | | | |  | | | | | | | |  | |  | | |  |
| **Finish** |  | | /  / | | | |  | | |  | | | |  | | | | | | | |  | |  | | |  |

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| Are you using Trackers? Yes  No  <https://www.northumberlandscouts.org.uk/?page_id=1538> | *Are you using colour coded sac covers?* Yes  No  <https://www.northumberlandscouts.org.uk/?page_id=1538> |

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| Declaration (to be endorsed by the DofE Leader or Supervisor): | | | |
| I have read and accept the guidance notes and conditions for notification and assessment. I confirm that all preliminary training has been successfully completed and that the performance of each member of the team on practice expeditions (if required / appropriate) has been such as to enable me to submit them for this expedition with confidence. Each team member is believed to be physically able to undertake the expedition.  **I confirm that the information provided is, to the best of my knowledge, correct and I am requesting authorisation from Northumberland Scouts for this expedition to take place. P**lease tick this box to agree to this declaration:  If information is incomplete at time of submission or details change, submit another version of this form (to all). | | | |
| Signature or email address if submitting electronically: |  | Date: | /    / |
| Name: |  | Position: |  |
| **Leaders – Use this section to record that all required authorisations have been received prior to the start of the Expedition.** | | | |
| Authorisation Received from DC | **Name** | Date | **Conditions / Reference** |
| Responsible Commissioner |  | /    / |  |
| County Expedition Coordinator |  | /    / |  |
| Variations Approved |  | /    / |  |

Note ; All copies of this form should be securely deleted / destroyed at the commencement of the following Expedition Season unless there are still outstanding issues relating to the sign off of the participants Expedition Section.

DATA PROTECTION: This form is used to collect information about you and your team in relation to this D of E Expedition, for the purpose of seeking authorisation from the relevant Responsible Commissioner, the County Expedition Coordinator and (only if required) the relevant D of E Assessor Network. As part of this form we collect personal data about you and your team, this detail is required so that we can check that everyone meets the membership and vetting requirements for the event and that appropriate permit holders are in place. We do not share your personal data provided in this form with any third parties. The data provided in this form is stored securely by District / County personnel. We take your personal data privacy seriously. We will keep the data we capture from this form until the commencement of the following Expedition season, when it will be securely disposed of. The D of E’s Privacy Policy can be viewed [here](https://www.dofe.org/privacy-statement/)