

Partici	pant's	name
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eDofE ID number:

DofE Approved Activity Provider (AAP), Expedition Report

AAPs are requested to complete the applicable sections of this report so as to confirm training / practice / assessed venture details. The information will be used by the DofE Manager to upload the details onto eDofE.

For qualifying ass	sessmer	nt ven	ture an	Expedition	n asses	ssor's rep	<u>ort is also required.</u>			
Award Level:	Bronze		or	Silver	or	Gold	(Please circle)			
Training / Practi	<u>ce</u>									
Mode of travel: Training Start date:										
Wild Country:	Yes	or	No	Sta	rt point	grid ref:				
Expedition / ven	ture lo	cation	ı:							
End date:	: Number of days:									
Assessed / Qual	lifying									
Mode of travel: .	ode of travel: Training Start o									
Wild Country:	Yes	or	No	Sta	rt point	grid ref:				
Expedition / ven	ture lo	cation	ı:							
End date:					Number of days:					
Daily hours of planned activity:										
Assessor's name:										
Assessor's accreditation number:										
Assessor's contacts (phone / email):										
AAP Name:										
AAP contact det	ails:									

Kimbolton School DofE Manager: Tony Lucas arl@kimbolton.cambs.sch.uk