

GME DofE EXPEDITION FORM

Name of Unit			
Number of Groups			
Dates of Expedition			
Level	Bronze	Silver	Gold
Nature of proposed expedition Unaccompanied practice expedition or Qualifying			
Name of Supervisor/Leader			
Email			
Mobile			
Landline			
Name of Assessor			
Email			
Mobile			
Group members. Name. Age. Practice dates and area.			
Aim of Expedition.			
Expedition Location.		Place Name/Grid Ref.	Supervisors Location.
Base.			
Start.			
Night 1.			
Night 2.			
Night 3.			
Finish.			