



EXPEDITION ASSESSOR ACCREDITATION SCHEME

EAAS/13
October 2018

**PLEASE COMPLETE IN
BLOCK CAPITALS**

Assessor application Form

Section A: Trainee Assessor details:

Section A should be completed by the Trainee Assessor after they have successfully attended an EAAS training course.

Trainee Assessor information:

Mr/Mrs/Miss/Ms First name: _____ Surname: _____

Address: _____

Date of birth: ____ / ____ / ____ Email: _____

eDofE ID No: _____

EAAS course attended:

Course venue: _____ Course code: _____

Date(s) of course _____

Please note: Trainee Assessors must be endorsed by an organisation within two years of attending the EAAS course. If accreditation has not been achieved within this time, the training course must be attended again.

Provide the following information to help a Licensed Organisation (LO), Approved Activity Provider (AAP) or Assessor Network (AN) decide whether to support your application.

Expedition Assessor information:

What types of expeditions would you like to assess? You must be technically competent for each mode of travel. Please tick:

- | | | |
|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Horse riding | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Water: canoeing | <input type="checkbox"/> Water: sailing | <input type="checkbox"/> Water: rowing |

At what level(s) would you like to assess? Bronze Silver Gold

Qualifications and experience:

Please list below any information, qualification or experience that shows why you would be a suitable Expedition Assessor. Suitable examples might include: national qualifications (e.g. NGB courses such as ML, LLA, BEL, BCU, etc.) with the dates achieved, first aid or other relevant training, other DofE MTF training courses or experience (e.g. being an Expedition Supervisor), hill walking or practical expedition experience.

continued...

Trainee Assessor declaration:

- I believe I have the necessary outdoor experience/qualifications.
- I have a detailed working knowledge of the following expedition area(s):

- I understand that being an Expedition Assessor requires me to declare that I have not at any time - within the United Kingdom and its dependencies or in any other country or territory - been found guilty by a court of any offence concerning children or young people under 18 years of age, nor have I been bound over, placed on probation, cautioned or discharged conditionally or absolutely in relation to such offences.

Trainee Assessor signature: _____ Date: ____ / ____ / ____

Now ask your LO/AN/AAP to complete section B.

Section B: Official endorsement

This section must be signed by the DofE Manager, AAP Manager or Assessor Network Coordinator after the EAAS course has been completed.

Use the information provided in section A to make the accreditation decision.

Technical competence

Name of Trainee Assessor: _____ is acceptable to the Licensed Organisation/Assessor Network/AAP. I can confirm that he/she is a suitable applicant to be an accredited Expedition Assessor and fulfils the following requirements:

- Has the necessary outdoor experience and/or qualifications to meet the requirements of the Licensed Organisation/ Assessor Network/AAP.
- Has enclosed a passport-size photograph, with their name clearly written on the reverse, or provided an electronic copy.
- For operating at the following level: Bronze/Silver Gold (*includes working at Bronze/Silver level*)

I can confirm that the Licensed Organisation/Assessor Network/AAP will support the Trainee Assessor's application to be an accredited Expedition Assessor.

Safeguarding checks

I can confirm that all the necessary safeguarding checks (including a disclosure undertaken by the relevant national body) according to my Licensed Organisation's or the DofE's safeguarding policies have been undertaken for this person.

Endorsement

I confirm that I support the Trainee Assessor's application. Our LO/AN/AAP accepts legal responsibility for the Assessor while they are performing their role with our organisation.

Signature: _____ Date: ____ / ____ / ____

Print name: _____

Position: _____

Name of LO/AN/AAP: _____

The completed form should now be sent to the relevant DofE Region/Country office.

DofE use only

Authorising signature: _____ Certificate, ID card and ID card holder issued: date: ____ / ____ / ____