GOLD LOG BOOK

Name:_____

Tutor Group:_____

DofE Leader: Dr Regan

Email: reganp@ilsley.bham.sch.uk

Date you started your DofE programme:

__/___/_____

eDofE Username: _____

ID Number: _____

Password: _____

Section rules

1. Assessors must have expertise in relation to the activity.

2. Assessors cannot be family members.

3. Log books should be neat and clearly show the start/end dates and the time spent doing the activity: 1 hour every week or 2 hours every two weeks ONLY

4. The hours of activity must add up to a minimum of:

   18 months = 72 hours

   12 months = 48 hours

   6 months = 24 hours

   3 months = 12 hours

5. Should be a different activity for Gold from Silver, UNLESS you can clearly show your progression and the increase in difficulty from Silver to Gold.

6. A diary log is extremely useful. You should write about what you have learnt or done each week, as well as what you have found difficult. It is very clear for us as assessors to see how you have progressed.

Types of evidence

Log book

Photographs

Videos

Recordings

Diary Entry

Recipes etc

Map my run etc

Certificates

Emails etc

Training schedules

Receipts

Volunteering

Name: _____

Activity: _____

Category: _____

Length of Activity: 6 /12 /18 months

Date Started: ____/ ____/_____

Finish Date: ____/____/_____

Assessor: _____

Position/Qualification: _____

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Assessor Report - Volunteering

Name: _____

Category: _____

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Assessor: _____

Position/qualification: _____

Goals set: _____

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Your comments: _____

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Assessor's comments: _____

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Signature: _____Date: ___/___/___

Name: _____ Position: _____

Leader's signature: _____Date: ___/___/___

Physical

Name: _____

Activity: _____

Category: _____

Length of Activity: 6 /12 /18 months

Date Started: ____/ ____/_____

Finish Date: ____/____/_____

Assessor: _____

Position/Qualification: _____

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Assessor Report - Physical

Name: _____

Category: _____

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Assessor: _____

Position/qualification: _____

Goals set: _____

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Your comments: _____

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Assessor's comments: _____

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Signature: _____Date: ___/___/___

Name: _____ Position: _____

Leader's signature: _____Date: ___/___/___

Skills

Name: _____

Activity: _____

Category: _____

Length of Activity: 6 /12 /18 months

Date Started: ____/ ____/_____

Finish Date: ____/____/_____

Assessor: _____

Position/Qualification: _____

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Assessor Report - Skill

Name: _____

Category: _____

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Assessor: _____

Position/qualification: _____

Goals set: _____

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Your comments: _____

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Assessor's comments: _____

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Signature: _____Date: ___/___/___

Name: _____ Position: _____

Leader's signature: _____Date: ___/___/___

RESIDENTIAL

Name: _____

Activity: _____

Category: _____

Length of Activity: 5 days and 4 nights

Date Started: ____/ ____/_____

Finish Date: ____/____/_____

Assessor: _____

Position/Qualification: _____

Date	Activity	Hrs	Initial

CENTRAL ENGLAND

Residential Approval Form

To ensure that your proposed Residential will fit the DofE requirements please complete this form.

Please do not spend any money on this opportunity until you have had confirmation that it can be used for your Gold DofE.

If you are not sure of the requirements please visit www.DofE.org/Residential

	Please provide as much information as possible
Your name	
Your eDofE Id number	
Your DofE Centre (e.g. your school)	
Your email address or phone number (in case of queries)	
How many days and nights is it for? Arrival date and time: Departure date and time:	 Date: Time: Date: Time:
Which organisation is arranging the Residential? Is the organisation a DofE Residential Approved Activity Providers (AAP)?	 Yes No
How many other people are attending? Who else do you know that is going? (include attendees and staff)	
What type of shared accommodation is the group staying in?	
Who from the Residential organisation is going to write your assessor's report?	

Please describe what you will be doing (and include any web links) during your Residential: Day time programme: Evening time programme:	
Please confirm that you will not be receiving any payment or remuneration for the activities undertaken during the Residential.	

This Residential has been approved by:

Name _____ Date _____

Position: DofE Co-ordinator/Leader

Name _____ Date _____

Position: DofE Manager

In cases of doubt only, this Residential has been checked by a representative of The DofE Central England Regional Office:

Name _____ Date _____

Position _____

Please ensure you upload the completed and signed copy of this document to the correct eDofE account as evidence of approval.

Assessor Report - Residential

Name: _____

Category: _____

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Assessor: _____

Position/qualification: _____

Goals set: _____

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Your comments: _____

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Assessor's comments: _____

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Signature: _____Date: ___/___/___

Name: _____ Position: _____

Leader's signature: _____Date: ___/___/___

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial