



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



Name:		
Activity:		
Category:		
Length of Activity: 6 /12 /		
Date Started://_		
Finish Date://		
Assessor: Position/Qualification:		
Date Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

Assessor:_ Date started: Category: _ Your comments: Goals set: Position/qualification: Activity:_ Name: __Completed:_ Assessor Report - Volunteering Name: Leader's signature: Signature: Assessor's comments: Position: Date:



Name:		
Activity:		
Category:		
Length of Activity: 6 /12 /18 months	S	
Date Started://		
Finish Date:/		
Assessor:		
Position/Qualification:		
Date Activity	<u>Hrs</u>	<u>Initial</u>

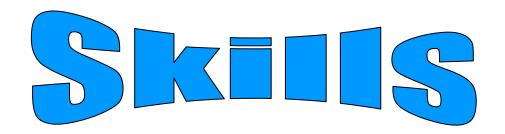
<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

Assessor Report - Physical

				Your comments:		Goals set:	Position/qualification:	Assessor:	Date started://_Completed://	Activity:	Category:	Name:
Leader's signature:	Name:	Signature:									Assessor's comments:	
Date://_	Position:	Date://										



Name:		
Activity:		
Category:		
Length of Activity: 6 /12 /18 months Date Started://		
Finish Date:/		
Assessor:		
Position/Qualification:		
Date Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

Name: Goals set: Position/qualification: Activity: Category: __ Your comments: Assessor: Date started:_ _Completed:_ Assessor Report - Skill Name: Leader's signature: Signature: Assessor's comments: Position: Date: / / Date:



Name:		
Activity:		
Category:		
Length of Activity: 5 days and 4 nights Date Started:// Finish Date:// Assessor: Position/Qualification:		
<u>Date</u> <u>Activity</u>	<u>Hrs</u>	<u>Initial</u>



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 provid	le as much i	information as possible	
Yourname				
YoureDofE 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:	Date:		Time:	
Departure date and 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	s 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.

Signature: Date:/_/ Name: Position: Leader's signature: Date:/_/	Your comments:	Date started: / / Completed: / / / Assessor:	
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<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>

<u>Date</u>	Activity	<u>Hrs</u>	<u>Initial</u>