D of E Gold 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](http://www.DofE.org/Residential)

|  |  |
| --- | --- |
| Your name |  |
| Your eDofE Id number |  |
| Your Explorer / Network Unit |  |
| Your email address (in case of queries) |  |
| 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 Don’t Know |
| 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:  Will there be an evening time social programme? |  |
| Check box to confirm that you will not be receiving any payment or remuneration for the activities undertaken during the Residential. | |

Please send this form to: hilary.walker1@googlemail.com

This Residential has been approved by (County Approver)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ eDoE Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:

**County Approver: Please ensure you upload the completed and approved copy of this document to the correct eDofE account as evidence of approval.**