

WARWICKSHIRE COUNTY COUNCIL/DUKE OF EDINBURGH'S AWARD

NOTIFICATION AND VENTURE EMERGENCY DETAILS FOR EXPEDITIONS/EXPLORATION

PLEASE USE BLOCK CAPITALS

1. NAME OF D of E UNIT.....

2. DETAILS OF PROPOSED VENTURE (please tick appropriate box)			
EXPEDITION EXPLORATION	<input type="checkbox"/> <input type="checkbox"/>	TRAINING PRACTICE QUALIFYING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		BRONZE SILVER GOLD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NOTIFICATION ONLY – WILD COUNTRY PANEL		<input type="checkbox"/>	FOOT CYCLE CANOE SAILING RIDING
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3. PROPOSED INCLUSIVE DATES.....

4. AREA OF VENTURE.....

5. DETAILS OF PURPOSE OF VENTURE.....

6. EMERGENCY BASE/HOME CONTACT IN CASE OF EMERGENCY:	
Name.....	Position.....
Address.....	
Tel. No's.....	

7. THE VENTURE WILL BE ACCOMPANIED BY THE FOLLOWING PARTY LEADER:	
Name	Male(M)/ Female(F).....
Position.....	Qualifications.....
Accreditation.....	County Assessor Reg No.....
Address at which staying during venture.....	
Emergency contact number(s) in expedition area	
(at least one must NOT be a mobile telephone)	

8. NAME OF OTHER COMPETENT ADULTS ACCOMPANYING PARTY.....

Male(M)/ Female(F) and Qualifications.....

NUMBERS OF OTHER ADULTS ACCOMPANYING PARTY.....

NAMES.....

Male(M)/ Female(F) and Status

9. THE VENTURE WILL BE MONITORED BY THE FOLLOWING ASSESSOR (If required):	
Name.....	Qualifications
Position	County Assessor Reg No
Accreditation	
Address at which staying during venture.....	
.....	
Home Tel No	Emergency contact number(s) in Expedition area

10. TRANSPORT ARRANGEMENTS TO AND FROM VENUE DURING VISIT(Reg No. etc).....

