# COVENTRY CITY COUNCIL
# OUTDOOR EDUCATION SERVICE

THE DUKE OF EDINBURGH'S AWARD

## Residential Approval Form – Leaders Notes

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 | *Ensure Participant is registered at Gold* |
| 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?<br><br>Arrival date and time:<br><br>Departure date and time: | Ensure five full days and four nights, consecutively<br><br>Date: Time: *Ensure full days*<br><br>Date: Time: *Ensure full days* |
| Which organisation is arranging the Residential?<br><br>Is the organisation a DofE Residential Approved Activity Providers (AAP)? | <br><br>Yes No |
| How many other people are attending?<br><br>Who else do you know that is going? (include attendees and staff) | *A minimum of five people must be attending the residential activities, not just at the residential location.*<br><br>*Ideally participants should not know any other participants or staff on the residential. Please refer to the Leaders Handbook for guidance.* |
| What type of shared accommodation is the group staying in? | *All participants must stay in the same venue, home stays are not permitted, and this includes staying with families or staff running the residential.* |

| | |
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| Who from the Residential organisation is going to write your assessor's report? | *This does not need to be a named person, but could be a named position. i.e. course tutor, activity co-ordinator etc.* |
| Please describe what you will be doing (and include any web links) during your Residential:<br><br>Day time programme: | *Should show it is a shared activity with the other delegates on the residential* |
| Evening time programme: | *There should be an evening programme of shared activities, which participants can take part in.* |
| Please confirm that you will not be receiving any payment or remuneration for the activities undertaken during the Residential. | *Paid opportunities will not count for the residential section, reasonable expenses may be paid.* |

This Residential has been approved by:

Name _____ Date _____

Position: DofE Co-ordinator/Leader

Name _____ Date _____

Position: DofE Manager

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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.**