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:

Name _____ Date _____

Position _____

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