

Expeditions: Qualifying venture

Mode of travel: **Foot/Cycle/Horseback/Water*** (delete as appropriate)

Date started ___/___/___ Date completed ___/___/___

Aim

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Type of presentation

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To be reviewed by

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.....
.....

Supervisor _____

Address _____


_____ Post Code: _____

 _____ E-mail : _____

Assessor _____

Address _____

_____ Post Code: _____

 _____ E-mail : _____



Use these pages to keep a record of the activities you are counting for your Award. You can download extra copies of this booklet free from www.theaward.org/participants in the 'Useful Stuff' zone.

ACTIVITIES LOG EXPEDITIONS

NAME: _____

Award Planner: Expeditions

Training

This space can be used to record your comments and thoughts on your achievements/highlights through Expeditions training. This will help you at any review meetings.

First aid and emergency procedures

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An awareness of risk and health & safety issues

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Navigation and route-planning

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Campcraft, equipment and hygiene

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