

Supported Supervision Confirmation Form

This form is to be completed by the supervising supervisor and sent to the DofE Moray Office.

The Supported Supervision lead is a requirement for qualifying new supervisors to lead DofE expeditions through Moray Council.

**Trainee Supervisor’s Details**

Name: Expedition location:

The Supervisor will be working with Bronze/Silver/Gold Expeditions *(delete as applicable)*

|  |
| --- |
| **Performance Criteria** The above named person has demonstrated the following performance criteria. *(Please initial the following):* |

|  |  |
| --- | --- |
| **Performance Criteria**  | **Initial** |
| They are able to carry out practical supervision (direct, close and remote) as required in the field in accordance with the 20 conditions of the Expedition section and relevant to the level being undertaken. **Comments/How was this evidenced?** |  |
| They can establish good supportive relationships with the young people and communicate effectively with them. **Comments/How was this evidenced?** |  |
| They are competent in taking responsibility for the health, safety and well-being of the young people. **Comments / How was this evidenced?** |  |
| They are capable of supporting a team on their practise and qualifying expeditions including:* Pre-expedition training and informing participants on pre-expedition meetings / route cards / meal plans
* Informing parents and coordinating consent forms
* Expedition notification process
* Coordinating with the assessor and other helpers
* Generating a remote supervision plan
* Practical training of navigation / first aid / camp craft / emergency procedures etc.

**Comments / How was this evidenced?** |  |

**Supervising Supervisor’s Details**

Name: eDofE number

Signature: Date:

**General comments:**

Signature:

Please send the completed form to:

****DofE Moray (The Moray Council), Lossiemouth Community Centre, Coulardbank Rd, Lossiemouth, IV31 6JW (email dofemoray@moray.gov.uk )

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**DofE Office Recommendations**

Following discussion with the Supervising Supervisor, it is assessed that:

1. The delegate has successfully completed the supported supervisor’s assessment.
2. The delegate should seek to develop the following areas: *(delete as applicable)*

**Comments**

Name: eDofE number

Signature: Date:

**DofE Office Feedback to Delegate**

I certify that I have given the trainee supervisor feedback on the assessment made following their supported supervison lead. We agreed the following course of action:

**Comments**

Name: eDofE number

Signature: Date: