Applicant’s name Click or tap here to enter text.

Applicant’s County/Area Click or tap here to enter text.

Applicant’s Scouts membership number Click or tap here to enter text.

Applicant’s eDofE number Click or tap here to enter text.

This person wishes to be affiliated as a Scout DofE Expedition Assessor without any relevant [Scout Adventurous Activity Permits](https://www.scouts.org.uk/volunteers/running-your-section/programme-guidance/activity-permit-scheme/) or evidence of suitable National Governing Body (NGB) qualifications.

If you don’t know the applicant, please arrange to meet them (either in person or virtually) before completing this endorsement.

If you’re **unhappy** to endorse this applicant, as you believe they don’t have the required skills, please tick this box

If ticked, please elaborate on the reason(s) you’re unhappy to endorse this application.

Click or tap here to enter text.

**Or**

Even if the applicant doesn’t currently hold a relevant Adventurous Activity Permit or NGB qualification, they can still be affiliated if you believe they have the necessary skills and experience to carry out the role safely. In this case, make sure to assess their skills and experience, in line with the terrain they’ll be assessing in, and the requirements of a DofE Assessor (LINK). For non-walking expeditions, please indicate the types of expeditions that you'd be happy for them to assess.

I’m happy to endorse this application, as I believe they have the skills to assess:

1. Walking expeditions in Terrain 0
2. Walking expeditions in Terrain 1
3. Walking expeditions in Terrain 2

Other land-based expeditions (provide detail) Click or tap here to enter text.

Water-based expeditions (provide detail) Click or tap here to enter text.

Please briefly describe the applicant’s experience, which led you to endorse them:

(E.g. Joe has 20 years’ experience of hillwalking in the Lake District and Scotland; Priti recently led a group cycling tour from Lands’ End to John O’Groats.)

Click or tap here to enter text.

County/Area DofE Adviser name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Please complete, save, and attach this file to the [Assessor Affiliation Smartsheet](https://app.smartsheet.com/b/form/ec8c22ba74364f61ae996ac0d607b153).