SILVER LOG BOOK

Name:_____

Form:_____

DofE Leader: Mrs Lloyd/Miss Hulley

Email: hughesr@ilsley.bham.sch.uk

annmarie@ilsley.bham.sch.uk

Date you started your DofE programme:

__/___/_____

eDofE Username: _____

ID Number: _____

Password: _____

Types of evidence

Log book

Photographs

Videos

Recordings

Diary Entry

Recipes etc

Map my run etc

Certificates

Emails etc

Training schedules

Receipts

Section rules

1. Assessors must have a professional qualification in relation to the activity.
2. Assessors cannot be family members.
3. Log books should be neat and clearly show the start/ end dates and the time spent doing the activity

   1 hour every week or 2 hours every two weeks ONLY

4. The hours of activity must add up to a minimum of :

   12 months = 48 hours

   6 months = 24 hours

   3 months = 12 hours

5. Progression needs to be shown

6. Should be a different activity for Silver and Gold from Bronze. UNLESS you can clearly show your progression and the increase in difficulty from bronze to silver.

7. A diary log is extremely useful. You should write about what you have learnt or done each week, as well as what you have found difficult. It is very clear for us as assessors to see how you have progressed.

Volunteering

Name: _____

Activity: _____

Category: _____

Length of Activity: 3/6 /12/18months

Date Started: ____/ ____/_____

Finish Date: ____/____/_____

Assessor: _____

Position/Qualification: _____

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Physical

Name: _____

Activity: _____

Category: _____

Length of Activity: 3/6 /12/18months

Date Started: ____/ ____/_____

Finish Date: ____/____/_____

Assessor: _____

Position/Qualification: _____

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Skills

Name: _____

Activity: _____

Category: _____

Length of Activity: 3/6/12/18 months

Date Started: ____/ ____/_____

Finish Date: ____/____/_____

Assessor: _____

Position/Qualification: _____

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Date	Activity	Hrs	Initial

Assessor Report - Volunteering

Name: _____

Category: _____

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Assessor: _____

Position/qualification: _____

Goals set: _____

_____

_____

Your comments: _____

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Assessor's comments: _____

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Signature: _____Date: ___/___/___

Name: _____ Position: _____

Leader's signature: _____Date: ___/___/___

Assessor Report - Physical

Name: _____

Category: _____

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Assessor: _____

Position/qualification: _____

Goals set: _____

_____

_____

Your comments: _____

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Assessor's comments: _____

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Signature: _____Date: ___/___/___

Name: _____ Position: _____

Leader's signature: _____Date: ___/___/___

Assessor Report - Skill

Name: _____

Category: _____

Activity: _____

Date started: ____/____/____ Completed: ____/____/____

Assessor: _____

Position/qualification: _____

Goals set: _____

_____

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Your comments: _____

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Assessor's comments: _____

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Signature: _____Date: ___/___/___

Name: _____ Position: _____

Leader's signature: _____Date: ___/___/___