



# Expedition Assessment



Unit/Group _____ Supervisor(s) _____  Assessor _____ Assessor Number _____  Dates _____ Area _____	Venture Number _____  Award level <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Brnz</td> <td style="padding: 2px;">Silver</td> <td style="padding: 2px;">Gold</td> </tr> </table>  Mode of Travel _____  Purpose/Project _____ Presentation Style _____	Brnz	Silver	Gold
Brnz	Silver	Gold		

Participants Names		Training Signed	Participants Names		Training Signed
1			5		
2			6		
3			7		
4			8		

Assessment Criteria					
<b>Pre-venture, Planning</b>		<b>Pre-venture, Equipment</b>		<b>Navigation</b>	
General route planning		Personal Gear		Signs and Symbols	
Route card		Group Gear		Grid References	
Route Tracing		Waterproofs		Use of Compass	
Menu Planning		First Aid Kit(s)		Setting the Map	
<b>Pre-Venture, Knowledge</b>		Emergency Rations		Route Finding	
Country Code		Body/Load Weight Ratio		<b>Campcraft</b>	
Specialist Knowledge		<b>General</b>		Tents	
First Aid		Load Carrying		Stoves	
Emergency Procedures		Fitness/Pace		Cooking	
Emergency Contacts		Teamwork		Site Care	

General Comments

Group has successfully completed venture		Group is Deferred	
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Agreed Deadline for Venture Report	To be submitted to
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Signatures	Assessor	Supervisor	Date

