BT6 : Group Summary Sheet

It is important that we receive completed forms at least 2 weeks prior to arrival

|  |  |
| --- | --- |
| **Name of Group** |  |
| **Dates of Visit** |  |
| **Group Leader** |  |
| **Estimated arrival time** |  |
| **Arriving By** |  |
| **Contact number on arrival day** |  |
| **Packed lunch required on departure?** |  |
| **Age range of participants (excl. Staff)** | **U18: 18+:10** |
| **No. of hygiene bins required?** | **None**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Final Numbers** | Male | Female | Total |
| Total Participants |  |  |  |
| Total Leaders |  |  |  |
| No. of Part Time Wheelchair Users |  |  |  |
| No. of Full Time Wheelchair Users |  |  |  |
| * How many can transfer?
 |  |  |  |
| * How many need hoisting?
 |  |  |  |
| * How many use a power chair?
 |  |  |  |

|  |  |
| --- | --- |
| **Menu**Details of specific diets, food allergies etc. | **Numbers** |
| Vegetarian |  |
| Halal |  |
| Dairy Free |  |
| Liquidised/Blended |  |
| Gluten Free |  |
| Diabetic |  |
| Vegan |  |
| Allergies |  |
| **Other important information** |

Please Turn Over

Group List

Please fill in the names of who will be in each sub group (if applicable) and tick whether they are staff/carers/helpers **or** group members/students/clients. We would normally expect groups to be in groups of up to 12 (including staff). Please discuss if group sizes exceed this.

We also appreciate that groups and individuals may change but it gives us an idea and a starting point to work with.

Group 1

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **Staff/Carer/Helper** | **Group Member/****Student/Client** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
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| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |

Group 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **Staff/Carer/Helper** | **Group Member/****Student/Client** |
| 1 |  |  |  |
| 2 |  |  |  |
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| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |

Group 3

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **Staff/Carer/Helper** | **Group Member/****Student/Client** |
| 1 |  |  |  |
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| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |

Group 4

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **Staff/Carer/Helper** | **Group Member/****Student/Client** |
| 1 |  |  |  |
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| 13 |  |  |  |
| 14 |  |  |  |

Group 5

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **Staff/Carer/Helper** | **Group Member/****Student/Client** |
| 1 |  |  |  |
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| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |