Group Details Summary Form – School & Youth courses

Please complete and return to Derwent Hill **at least eight weeks** before the course starts. Please update us on any changes prior to the course.

**Establishment**       **Dates**       **Course Ref**

**Please confirm your expected time of arrival**        **and your expected time of departure**      

**(These should be within the times stated on your Contract)**

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| **TOTAL NUMBERS** | **Male** | **Female** | **TOTAL** |
| **Young People** |  |  |  |
| **Adult participants** |  |  |  |
| **Staff & Carers** |  |  |  |

N.B. The primary role of Staff and Carers is to supervise and care for young people, not to participate in activities for their own benefit.

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| **EMERGENCY**  **CONTACT DETAILS** | **Name** | **Work phone** | **Home phone** | **Mobile phone** |
| Head of establishment |  |  |  |  |
| **Deputy** |  |  |  |  |
| **Other emergency contact (if applicable)** |  |  |  |  |

I agree that a completed personal details and consent form will be obtained for every young person and staff member, and will be available at Derwent Hill during the course**.**

**Name**       **Date**

(Course Organiser)**Please provide the following details for all accompanying staff and carers.**

Definitions

* Staff and carers are responsible for the supervision and care of children and young people. Their focus is the good of the group, not their own participation. Depending on numbers of staff and other factors, they may not all be able to participate in all activities.
* Participating Carers are those carers who need to accompany a specific student on activities, in addition to any staff present, & so are included in normal activity group ratios.
* Participating Adults are included in normal activity group ratios.

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| **Course Ref** | | | | | | | |
| **Full Name** | | **M/F** | **Previous visits to Derwent Hill or other relevant experience** | **Summary of non-confidential medical / dietary information\*** | **Role**  **(e.g. teacher/ youth worker/ classroom asst/ volunteer/ governor/ parent )** | **Authorised Sunderland minibus driver?** | **Part course? (please specify dates)** |
| **1** | **Visit Leader** Name:  Mobile number:  Email : |  |  |  |  |  | (          ) |
| **2** | Name:  Mobile number: |  |  |  |  |  | (          ) |
| **3** | Name:  Mobile number: |  |  |  |  |  | (          ) |
| **4** | Name:  Mobile number: |  |  |  |  |  | (          ) |
| **5** | Name:  Mobile number: |  |  |  |  |  | (          ) |
| **6** | Name:  Mobile number: |  |  |  |  |  | (          ) |
| **7** | Name:  Mobile number: |  |  |  |  |  | (          ) |
| **8** | Name:  Mobile number: |  |  |  |  |  | (          ) |

\*Individual staff members should contact us directly about any confidential medical issues that may affect them during their stay. **Please provide the following details for all course participants (including adults). Continue on an additional sheet if necessary.**

| **Course Ref** | | | | | | | |
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|  | **Name**  Please list males and females separately | **M/F** | **Age if under 18** | **Significant needs or issues.**  **E.g. child protection or behavioural issues, medical conditions & disabilities, specific learning or care needs.**  If necessary please attach further information for individuals, such as a copy of their personal details form. | **Dietary needs** | **If no photo consent click on box to put in a cross.** | **Please indicate if disabled or with learning disabilities** |
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