BT6: Group Summary Sheet

It is important that we receive completed forms at least 4 weeks prior to arrival



Name of Group						
Dates of Visit				Estimated arrival time		
Group Leader				tact number arrival day		
Arriving By	Car	Ti	ain	Coach		Minibus
Packed lunch required on departure?	Yes	No	Age partic	range of cipants (excl.	U18	18+

No. of hygiene bins required?			
Other equipment required (please state numbers required, subject to availability)			
Mobile hoist	Deaf guard fire alarm	Shower Trolley	Travel cot
Commode	Seahorse commode	Shower Chair	Safety bed
High chair	Padded cot side protectors	Door Alarms	Night light

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?			

Specific Diets	Numbers	Specific Diets	Numbers
Vegetarian		Halal	
Vegan		Diary Free	
Diabetic		Liquidised/Blended	
Gluten Free		Other (please state)	
Allergies (please state)			

Group List

Please fill in the names of who will be in each sub-group (if applicable) and indicate whether they are staff/carers/helpers **or** participants. We would normally expect courses to be in groups of up to 12 (including staff). Please call Bendrigg if group sizes exceed these limits. We appreciate that groups may change but this gives us a starting point to work with.

Group 1

	NAME		
1		Participant	Staff/Carer/Helper
2		Participant	Staff/Carer/Helper
3		Participant	Staff/Carer/Helper
4		Participant	Staff/Carer/Helper
5		Participant	Staff/Carer/Helper
6		Participant	Staff/Carer/Helper
7		Participant	Staff/Carer/Helper
8		Participant	Staff/Carer/Helper
9		Participant	Staff/Carer/Helper
10		Participant	Staff/Carer/Helper
11		Participant	Staff/Carer/Helper
12		Participant	Staff/Carer/Helper
13		Participant	Staff/Carer/Helper
14		Participant	Staff/Carer/Helper

Group 2

	NAME		
1		Participant	Staff/Carer/Helper
2		Participant	Staff/Carer/Helper
3		Participant	Staff/Carer/Helper
4		Participant	Staff/Carer/Helper
5		Participant	Staff/Carer/Helper
6		Participant	Staff/Carer/Helper
7		Participant	Staff/Carer/Helper
8		Participant	Staff/Carer/Helper
9		Participant	Staff/Carer/Helper
10		Participant	Staff/Carer/Helper
11		Participant	Staff/Carer/Helper
12		Participant	Staff/Carer/Helper
13		Participant	Staff/Carer/Helper
14		Participant	Staff/Carer/Helper

Group 3

	NAME		
1		Participant	Staff/Carer/Helper
2		Participant	Staff/Carer/Helper
3		Participant	Staff/Carer/Helper
4		Participant	Staff/Carer/Helper
5		Participant	Staff/Carer/Helper
6		Participant	Staff/Carer/Helper
7		Participant	Staff/Carer/Helper
8		Participant	Staff/Carer/Helper
9		Participant	Staff/Carer/Helper
10		Participant	Staff/Carer/Helper
11		Participant	Staff/Carer/Helper
12		Participant	Staff/Carer/Helper
13		Participant	Staff/Carer/Helper
14		Participant	Staff/Carer/Helper

Group 4

	NAME		
1		Participant	Staff/Carer/Helper
2		Participant	Staff/Carer/Helper
3		Participant	Staff/Carer/Helper
4		Participant	Staff/Carer/Helper
5		Participant	Staff/Carer/Helper
6		Participant	Staff/Carer/Helper
7		Participant	Staff/Carer/Helper
8		Participant	Staff/Carer/Helper
9		Participant	Staff/Carer/Helper
10		Participant	Staff/Carer/Helper
11		Participant	Staff/Carer/Helper
12		Participant	Staff/Carer/Helper
13		Participant	Staff/Carer/Helper
14		Participant	Staff/Carer/Helper

Group 5

	NAME		
1		Participant	Staff/Carer/Helper
2		Participant	Staff/Carer/Helper
3		Participant	Staff/Carer/Helper
4		Participant	Staff/Carer/Helper
5		Participant	Staff/Carer/Helper
6		Participant	Staff/Carer/Helper
7		Participant	Staff/Carer/Helper
8		Participant	Staff/Carer/Helper
9		Participant	Staff/Carer/Helper
10		Participant	Staff/Carer/Helper
11		Participant	Staff/Carer/Helper
12		Participant	Staff/Carer/Helper
13		Participant	Staff/Carer/Helper
14		Participant	Staff/Carer/Helper

Please use this space to detail any other important information we may need to know about your group.