Group Summary Sheet



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

Name of group	
Dates of visit	
Group leader	
Estimated arrival time	
Arriving by	Bus/car/coach/speedboat
Contact number on arrival day	
Packed lunch required on departure?	Yes/No
Age range of participants (excl. staff)	U18: 18+:
No. of hygiene bins required?	

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	

Other important information		

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 group numbers to not exceed 12 (including staff). Please do let us know 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			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Group 2

	NAME	Staff/Carer/Helper	Group Member/ Student/Client
1			
2			
3			
4			
5			
6			
7			
8			
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12			
13			
14			

Gro	pup 3		
	<u>NAME</u>	Staff/Carer/Helper	
			Student/Client
1			
2			
3			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
Gro	oup 4	·	
	NAME	Staff/Carer/Helper	Group Member/ Student/Client
1			
2			
3			
4			
5			
6			
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9			
10			
11			
12			
13			
14			
Gro	oup 5 NAME	Staff/Carer/Helper	Group Member/
	NAME	<u>Sidii/Cdiei/Heipei</u>	Student/Client
1			
2			
3			
4 5			
5			
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7			
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10			
11			

12 13 14