



White Hall
outdoor Education centre



Group Information

School/Group _____ Course Dates _____

Using the information obtained from the consent forms, please complete, in as much detail as possible, the required information for every student attending your course at White Hall.

There are enough forms for 7 groups, please use one form per group. The number of groups you will be working in depends on the number of students attending the course. The maximum number of students per group is 12.

Notes for completing the forms:

- It would be much appreciated if the forms can be typed
- Please indicate with Y or N in columns:
 - SEND
 - SWIM
 - CYCLE
 - PHOTOS
- To help with our preparation it will be most helpful if you can let us know the names of the accompanying adults and whether they will be resident at the centre.
- If any of the accompanying adults will only be attending part of the time, it is really useful to know the times and days of their attendance and whether they require any meals

Please return the completed forms via email to **white.hall@derbyshire.gov.uk** at least **one month** prior to your visit.

School/Group _____ Course Dates _____

GROUP A

	STUDENT'S NAME	AGE	GENDER	SEND	MEDICAL / BEHAVIOURAL / EMOTIONAL INFORMATION	SWIM	CYCLE	PHOTOS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

School/Group _____ Course Dates _____

GROUP B

	STUDENT'S NAME	AGE	GENDER	SEND	MEDICAL / BEHAVIOURAL / EMOTIONAL INFORMATION	SWIM	CYCLE	PHOTOS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

School/Group _____ Course Dates _____

GROUP C

	STUDENT'S NAME	AGE	GENDER	SEND	MEDICAL / BEHAVIOURAL / EMOTIONAL INFORMATION	SWIM	CYCLE	PHOTOS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

School/Group _____ Course Dates _____

GROUP D

	STUDENT'S NAME	AGE	GENDER	SEND	MEDICAL / BEHAVIOURAL / EMOTIONAL INFORMATION	SWIM	CYCLE	PHOTOS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

School/Group _____ Course Dates _____

GROUP E

	STUDENT'S NAME	AGE	GENDE R	SEND	MEDICAL / BEHAVIOURAL / EMOTIONAL INFORMATION	SWIM	CYCLE	PHOTS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

School/Group _____ Course Dates _____

GROUP F

	STUDENT'S NAME	AGE	GENDER	SEND	MEDICAL / BEHAVIOURAL / EMOTIONAL INFORMATION	SWIM	CYCLE	PHOTOS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

School/Group _____ Course Dates _____

GROUP G

	STUDENT'S NAME	AGE	GENDER	SEND	MEDICAL / BEHAVIOURAL / EMOTIONAL INFORMATION	SWIM	CYCLE	PHOTOS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

School/Group _____ Course Dates _____

ACCOMPANYING ADULTS

	NAME	GENDER	AT WHITE HALL FOR THE WHOLE COURSE	IF ONLY AT WHITE HALL FOR PART OF THE COURSE - WHICH DAYS?	RESIDENT AT WHITE HALL	PLEASE INDICATE WHICH MEALS ARE REQUIRED (IF ANY) IF ONLY AT WHITE HALL FOR PART OF THE COURSE		
						BREAKFAST	LUNCH	EVENING MEAL
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								