Group Details Summary Form – School & Youth courses

Please ensure you are using the current version of this form on [www.derwenthill.co.uk/resources/](http://www.derwenthill.co.uk/resources/)

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

All information will be treated as confidential and only made available to accompanying adults and staff at Derwent Hill who need it in order to ensure safety and wellbeing. Information is held securely in compliance with GDPR legislation.

**Please tick the box if you are happy for us to keep this information as a record of which staff and young people attended the course, otherwise we will destroy it in accordance with our Privacy and Retention policies. [ ]**

**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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOTAL NUMBERS** | **Male** | **Female** | **LGBTQIA+** | **TOTAL** |
| **Young People**  |       |       |       |       |
| **Visiting Staff & Carers** |       |       |       |       |
| **Additional Participating Adults** |       |       |       |       |

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VISIT CONTACT DETAILS** | **Name** | **Work phone** | **Mobile phone** | **Email** |
| Visit Leader |       |       |       |       |
| **Admin contact (if different from above)** |       |       |       |       |
| **Head Teacher** |       |       |       |       |
| **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.

| **Course Reference****Staff Details:** |
| --- |
| **1** | **Visit Leader** Name:       |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |
| **2** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |

\*Individual staff members should contact us directly about any confidential medical issues that may affect them during their stay.

|  |  |
| --- | --- |
| **3** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |
| **4** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |
| **5** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |  |
| **Previous Visits to Derwent Hill or other relevant experience?** |  |
| **Summary of non-confidential health / dietary information** |  |
| **Authorised Sunderland minibus driver?** |  |
| **Part course?(please specify arrival & departure times & days)** |  |

|  |  |
| --- | --- |
| **6** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |
| **7** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |
| **8** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |  |
| **Previous Visits to Derwent Hill or other relevant experience?** |  |
| **Summary of non-confidential health / dietary information** |  |
| **Authorised Sunderland minibus driver?** |  |
| **Part course?(please specify arrival & departure times & days)** |  |

|  |  |
| --- | --- |
| **9** | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |
|  | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |       |
| **Previous Visits to Derwent Hill or other relevant experience?** |       |
| **Summary of non-confidential health / dietary information** |       |
| **Authorised Sunderland minibus driver?** | [ ]  |
| **Part course?(please specify arrival & departure times & days)** | [ ]        |
|  | Name:      Mobile:      Email:      |
| **Role (E.g. Teacher, Carer, Youth Worker, Classroom Assistant, Volunteer, Governor, Parent?)** |  |
| **Previous Visits to Derwent Hill or other relevant experience?** |  |
| **Summary of non-confidential health / dietary information** |  |
| **Authorised Sunderland minibus driver?** |  |
| **Part course?(please specify arrival & departure times & days)** |  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 1** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 2** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 3** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 4** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 5** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 6** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 7** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 8** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |

**Please provide the following details for all course participants (including adults).**

| **Activity Group 9** | **Name** | **Gender** | **Age if under 18?** | **Significant needs/issues.****E.g. child protection or behavioural issues, health conditions & disabilities, specific learning or care needs. Dietary?**If necessary please attach further information for individuals, such as a copy of their personal details form. | **Tick box if Yes** |
| --- | --- | --- | --- | --- | --- |
| **Dietary needs?** | **Photo consent????** | **Disabled or SEN?** |
| **1** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **2** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **3** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **4** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **5** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **6** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **7** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **8** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **9** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **10** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **11** |       |       |       |       | [ ]  | [ ]  | [ ]  |
| **12** |       |       |       |       | [ ]  | [ ]  | [ ]  |