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Participant photo

Participant enrolment form

- Half Day Four Seasons Activity Programme -

- Woodside Environmental Education Centre -

Participant details

Participant name:

Date of birth:

Residential address (including postcode):

Residential telephone number:
Participant mobile number (put N/A if not applicable):
Care home name:
Contact name:

Next of kin

Name: Relationship:

Address (including postcode):

Telephone number: Mobile number:

Emergency contact details

Name:

Address (including postcode):

Telephone number: Mobile number:

The Great Out-tours Limited
Address: Woodside, Litte London Road, Horam, East Sussex TN21 0BL
Telephone: 01825 729158
Email: info@thegreatout-tours.com - Web: www.thegreatout-tours.com

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Medical information

Have you had a tetanus injection? Yes / No If yes, when:
Are you allergic to anything? Yes / No If yes please specify:

Do you have a disability? Yes / No
Please place a cross in relevant boxes.

- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Mental illness
- ☐ Asthma
- ☐ Epilepsy
- ☐ Emotional / Behavioural difficulties*
- ☐ Other physical disabilities*
- ☐ Heart or Lung condition*
- ☐ Disability affecting mobility*

*Please give details:

Do you have a learning difficulty? Yes / No
Please place a cross in relevant boxes.

- ☐ Moderate learning difficulty*
- ☐ Severe learning difficulty*
- ☐ Multiple learning difficulty*
- ☐ Dyslexia
- ☐ Dyscalculia
- ☐ Other specific learning difficulties*

*Please give details:

Ethnic origin

- ☐ White British
- ☐ White Irish
- ☐ White Other
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Pakistani
- ☐ Black Caribbean
- ☐ Black African
- ☐ Black Other
- ☐ Other

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Personal skills

Please insert a cross to each relevant box. Add detail in box provided below relating to areas you think would help The Great Out-tours to better manage the individual.

	Poor	Fair	Good	Very Good
Timekeeping				
Application & Effort				
Use of Initiative				
Learning Ability				
Reliability				
Attention to Detail				
Personal Presentation				
Tidiness				
Ability to Communicate				
Need for Supervision				
Effort				
Attitude				

Please give details of specific areas for attention:

Group or team skills

1. Attitude to fellow colleagues/residents etc	**2. Embracing team activities**
1) Poor	1) Poor
2) Fair	2) Fair
3) Good	3) Good
4) Excellent	4) Excellent

Where possible please give details of interpersonal skills:

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Consents
A key part of our 'Four Seasons Activity Half Day Programme will be taking photographs of clients in action for the production of an electronic photo album momento (for each participant). These photographs are sometimes used in publications & on the internet to promote The Great Out-tours courses. In such incidences participant full names are not detailed with the photographs.
I agree for photographs showing ..... to be used for promotional activities.
Yes / No
Signed: Capacity: Date:

Ratified by East Sussex County Council - '**Support with Confidence**' scheme, of which The Great Out-tours Limited is a member.

Support with Confidence
SCHEME MEMBER
EAST SUSSEX COUNTY COUNCIL