the great out-tours
inspiring people in the countryside

Participant photo

Participant enrolment form

- Care Home Four Seasons Activity Programme -

- Two hour Format -

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:

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The Great Out-tours Limited
Woodside Environmental Education Centre, Little London Road, Horam,
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Tel: 01825 729158 – Email: info@thegreatout-tours.com
Web: www.thegreatout-tours.com
Registered in England & Wales. No: 7539072

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

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:	

Consents

A key part of our two-hour 'Four Seasons Activity Programme', will be taking photographs of clients in action, for the production of an electronic 'closed group' Great Out-tours Facebook page album momento (for each 'programme resident'). 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:

Print Name:
.....

Capacity:
.....

Date:
.....