

GROUP LIST

Must be completed prior to sessions and given to Arthog Staff for reference and records.

Scan this QR code to provide Telford and Wrekin Council with feedback about your Arthog Outreach visit.



Group/School		Group No. Dates		Emergency contact name: Phone	
NAME	M/F	Type of consent received		MEDICAL, BEHAVIOURAL & SOCIAL INFORMATION (refer to consent form and relevant knowledge)	Number of disadvantaged learners
		Arthog	Group/School Verbal (date/who from)		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
STAFF					mobile number
STAFF					Mobile number

I have received consent to proceed with the activity from the parents/ guardians of the above named participants and they are aware of the risks associated with the Adventurous Activities.

Form completed by;..... Date:.....

Privacy Statement: Telford and Wrekin are collecting this personal data to enable you/your child to benefit from their Outdoor Education Service at Arthog Outreach, and in the case of an emergency to protect the vital interests of you/your child. Telford and Wrekin Council will not share any personal data collected with any other external organisation unless required/permitted to do so by law. Please view the Privacy Page on the Council's website; www.telford.gov.uk