

**Mencap @ St Peter’s**

**Booking Form**

**Thank you for your interest in this event! This form needs to be completed by the member of staff responsible for bringing the group to this event. Please email the form to Christine.mulvenna@mencap.org.uk**

1. **About your group**

|  |  |
| --- | --- |
| **Name of Group:** |  |
| **Address:** |  |
| **Lead contact name:** |  |
| **Lead contact mobile phone number:** |  |
| **Lead contact email address:** |  |

1. **About your participants**

Please give details about who you would like to bring to the event, and note down information about any allergies, dietary requirements, or support needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Dietary / Allergies** | **Support / mobility requirements** | **Other info** |
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1. **About your support**

**Support and Welfare:** Please note – We would like this event to be as inclusive as possible to all abilities. Staff and pupils from St Peter’s and Mencap will be hosting the day, but we are unable to provide direct support for individuals participating.

Please give details of the members of staff or supporters who will be attending the day, and what role they will play (e.g. who they are supporting, and whether they are a parent, carer or staff member.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Who they are**  (parent, carer, teacher etc.) | **Dietary / Allergies** | **Mobility requirements** |
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Please tick the boxes below to confirm that you have:

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **If no, please explain** |
| Gained consent for parents and guardians for attendance at this event |  |  |  |
| Enough staff or helpers attending to support the individuals you are bringing |  |  |  |
| Arranged transport to and from the event |  |  |  |
| Carried out your own risk assessment |  |  |  |
| Told us as much as you can about the needs and abilities of your group, so that we can plan the day to be accessible and inclusive to all. |  |  |  |

1. **About logistics**

**How will you be transporting your group to and from the event?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What time will you need to depart in the afternoon?**

1. **Workshop Preferences**

**It would really help our planning if you could tell us what workshops your group are most interested in, so that we can allocate spaces..**

**Individuals will be able to participate in 3 of the workshops.**

**Please note: We would appreciate the help of your staff to support individuals in the workshops.**

**For each individual, please write 1, 2, or 3 under the appropriate activity, with 1 as their first choice, 2 as their 2nd, and 3 as their 3rd.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Zumba | Cycling | Football | Music - Drumming | Boccia | Rugby | Wheelchair Basketball | Kin ball |
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1. **Further information**

Please share any other information that will help us to plan a great day for your group:



**What to bring on the day:**

Some of the activities will be outdoors, and there will be some walking between sites for different activities so please remember to bring:

* Sunhat & sun cream
* Comfortable clothing
* Waterproofs

Thank you very much! We look forward to seeing you at St Peter’s on the 24th June, but in the meantime if you have any questions about the day, please contact Christine Mulvenna either by email ([Christine.mulvenna@mencap.org.uk](mailto:Christine.mulvenna@mencap.org.uk)) or by phone (02890690172).

Return address:

Mencap Children and families centre

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