**School / Organisation/ Individual Information Checklist**

**School / Organisation:**

|  |  |
| --- | --- |
| **Topic** | **Comments** |
| Key contact | Name:  Position:  Tel no:  Email address |
| Organisation / school address | Telephone: |
| Session Timings |  |
| Safeguarding Contacts: | Name  Telephone:  Name  Telephone |
| Attendees | L |
| Any key focus for sessions |  |
| Any medical conditions / allergies we need to be made aware of? |  |
| In the event of medical attention being required eg hospital is permission given to accompany / support as required if parent / carer cannot be contacted? | YES / NO (delete as appropriate) |
| Risk assessments shown | YES / NO  Date: |
| DBS shown | Name:  YES / NO  Date:  Name:Emi Lu Daley  YES  Date: |
| Please note that photographs of the session maybe taken and may be included on our website, Facebook or literature for publicity and advertising purposes. Please be assured that people will not be named and details are securely protected in line with Data Protection | Authorise photos?  YES / NO (delete as appropriate) |
| Any other organisations / schools to recommend offering service to |  |
| Any other comments: |  |

On behalf of Fields of Dreams

NAME:Emi-Lu Daley

DATE:

SIGNATURE:

On behalf of ………………………………….…………………………………(school, organisation, parent or carer)

NAME:

DATE:

SIGNATURE