

**ARETHUSA VENTURE CENTRE: GROUP WELFARE INFORMATION**

**Week No. /**

School/Organisation ..... Group Leader.....

Date(s) of Visit .....

Accommodation – Shaftesbury House/Williams House/Moller House... (Delete as applicable).....

No: Students	No: Staff
Male	Male
Female	Female
<b>Total</b>	<b>Total</b>

<u>Student Dietary Requirements/Allergies</u>	<u>Student Medical Information (e.g. Diabetes/Asthma/Allergies)</u>	
<u>Staff Dietary Requirements/Allergies</u>	<u>Staff Medical Information (e.g. Diabetes/Asthma/Allergies)</u>	
<u>Supplementary Information (e.g. Mobility/Behaviour)</u>	<table border="1"> <tr> <td align="center">BW</td> </tr> </table>	BW
BW		

Signed .....

Date .....