Booking Form

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PLEASE COMPLETE THIS DOCUMENT BY CLICKING IN THE APPROPRIATE BOXES AND TYPING.

Once completed, please save to your computer using the SAVE button and email, with any further comment, to The Administrator (cranedaleadministration@cranedale.com).

Should you have any questions regarding this document, please contact The Administrator on 01944 738687.

If you have any problems completing this form electronically, or if you would prefer to fill in this document manually, feel free to print out and post back your completed form to:

The Administrator, Kirby Grindalythe, Malton, North Yorkshire, YO17 8DB.

Please ensure that you are using the latest version of Adobe Reader, available FREE at http://get.adobe.com/reader/

Please return this form at least 3 weeks before the start of the course. This is essential in order that we can successfully make all pre-course arrangements.



Notes for completing the Booking Form

Staffing and Transport Arrangements

- Please remember to complete the section asking you about driving Centre minibuses and / or cars. Please tick appropriately for each member of staff attending
- Please remember to provide the Centre with your expected times of arrival and departure. These times are essential to our planning of your residential

Special Diets

- Please print off a Special Diet Request Form for **every** person requiring a special diet and tick the box against their name when you receive their completed form.
- Please scan and email the form(s) to us as soon as possible or, if you have a lot of dietary requests, you may wish to post all the forms to the Centre
- Cranedale Centre is a NUT FREE Centre and students and teachers are asked NOT to bring nuts or products containing nuts on to the premises.

Serious Medical Conditions

- Please inform the Centre if anyone in your party has any specific requirements as a result of disabilities or medical conditions which might impact on the student's ability to undertake fieldwork activities
- Please complete the medical section of this Booking Form with a brief summary of the condition
- Should the condition be serious we would appreciate further information, in writing, from parents or a doctor to assist us in providing the correct care and management for the student during their stay with us
- Please be aware that due to the remoteness of the Cranedale Centre, and many of its field sites, it could take 45 60 minutes for the emergency services to reach an individual. Should it be imperative that an individual has more immediate access to medical help then serious consideration should be given to whether or not the student should attend the fieldcourse

Religious/Ethical Beliefs

Please inform the Centre if anyone in your party has any specific requirements as a result of religious or ethical beliefs which might impact on the student's ability to undertake fieldwork activities



Staffing & Transport

STAFFING AND TRANSPORT ARRANGEMENTS

School/College								
Course Dates								
Total	number of staff	attending	1	otal nun	nber of stude	ents attendi	ng	
Cour	se Leader Name				email			
In ord to ask	/isiting Staff n order to facilitate the smooth running of your field course, or in the event of an emergency hospital visit, it may be necessary to ask one or more visiting staff to drive Cranedale Centre vehicles. If you are able to nominate at least one driver, please do so below. Each nominated driver should provide us with a CHECK CODE in advance, www.gov.uk/view-driving-licence Thank you.							
	STA	IFF FULL NA	AME		Yes, I would be willing to drive a minibus	Yes, I would be willing to drive a car	l am unable to drive any vehicle on the fieldcourse	Please tick to indicate that all accompanying staff have received the
1 2								staff joining instructions.
3								Please tick to indicate
4								that students have received the A Level
5								and GCSE Induction sheet.
6								
Trav	el Arrangemer	nts						
If tra	velling to and fro	om the cent	re by rail:					
Train	arrival at Malton	Station on fi	rst day	Ple	ease give an es	stimated time	of arrival _	am pm
Train	departure from M	lalton Statio	n on last day	Ple	ease give an esti	mated time of	departure	am pm
	velling to and fro of transport (etc		re by own tran	sport:	cars	coach	minib	us other
Arrival at Cranedale Centre on first day		Ple	Please give an estimated time of arrival am pm					
Departure from Cranedale Centre on last day		Ple	Please give an estimated time of departure am pm					
If trav	travelling by minibus or car, will these vehicles be available for use on your course if necessary? YES NO (fuel will be supplied)							

Wherever possible, it is requested that groups endeavour not to arrive at the Cranedale Centre before the starting time for their course (i.e. not before 11.00am for a course beginning in the morning and 5.00pm for a course beginning in the evening). This request is made due to the domestic arrangements at the Centre, which operate on a very tight schedule on first and last days.



Special Diet Request Form

The catering staff at the Cranedale Centre work hard to ensure everyone visiting us is well-catered for, including anyone who has specific dietary requirements. Therefore please do send any relevant dietary information to us **at least 3 weeks in advance** in advance so that we can adequately prepare for your arrival to the Centre.

Please complete accurately using BLOCK CAPITALS thank you

Contact Detials	
NAME:	
SCHOOL/COLLEGE:	
TEL/MOB:	EMAIL:
1. Do you have a food allergy?	YES NO
SEVERE ANAPHYLACTIC REACTION	N YES NO
Please provide specific details to wh	nat exactly you are allergic to:
2. Do you follow one or more of th	ne following diets? YES NO (Please tick all that apply)
✓ Halal ✓ Vegan	Pescatarian Vegetarian Other
Gluten Free Lactose Fre	ee / Intolerant
If you are Egg Free	Can you eat cooked eggs?
please complete the following:	Can you eat products that contain eggs as an ingredient? VES NO
If you are Lactose Intolerant	Lactose intolerant to all dairy products
please complete the following:	Lactose intolerant but can eat butter
	Lactose intolerant but can eat cheese
	Lactose intolerant but can eat cooked dairy VES NO
3. If you have ticked Other above or h	ave further details you feel we should know, please state your requirements below.



Consent

/	On behalf of my school/college I consent to Cranedale Centre using the personal data below to facilitate the organisation and delivery of our fieldcourse.
✓	On behalf of my school/college I consent to The Cranedale Centre using, for marketing purposes, any photographs or videos taken of our students/pupils undertaking fieldwork or other activities at the Centre

Our data collection and processing policies are in accordance with the General Data Protection Regulations and as such, data collection from you will comply with those regulations, including but not limited to the following.

You have the right to ask for your data to be given to you either as a printout or in electronic form as an excel spreadsheet or in PDF or CSV file format.

You have the right to ask for inaccuracies in your data to be corrected.

You have the right to ask for your data to be erased.



Course Dates	
	Course Dates

First Day Packed Lunches: Please mark the no. of the lunch required in the coloured column adjacent to the name of the recipient. Please note that Green Salad (7) is available with all choices so if you require Ham Salad please insert the number **27** in the box. You **cannot** mix other choices.

FILLING

FILLING

1. Chicken Mayonnaise

3. Cheese

FILLING

5. Strawberry Jam

7. Green Salad

2. Ham

4. Tuna Mayonnaise

6. Hummus (contains sesame)

		O. Hullilli	mus (contains sesame)	
STAFF / STUDENT NAME	PACKED LUNCH No.	SPECIAL DIET If Yes is ticked, please ensure a seperate Diet Request Form is completed	SERIOUS MEDICAL CONDITIONS	
STAFF NAME	2	✓ Yes ✓ No	Please advise us of any medical conditions 70 characters max.	
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6. Hummus (contains sesame)

7. Green Salad

Ham
 Tuna Mayonnaise

SPECIAL DIET
If Yes is ticked, please ensure a seperate Diet Request Form is completed **PACKED SERIOUS MEDICAL STAFF / STUDENT NAME** LUNCH No. **CONDITIONS**

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