CENTRE BOOKING FORM

Please return your completed form within 10 working days

Beamsley Project

CE

	Group Leader Contract details	**Invoice information if diff**
Name		
Company or Group name		
Address		
Postcode		
Telephone		
Mobile		
Email		

Date of arrival	Date of departure	No of nights	Total in group

Est. Time of arrival after **15:00**	Time of departure	Number of carers	Number of cared for
	10.45		

We will need: Mobile hoist ☐ Slings ☐ Shower chair ☐ Cot sides ☐ Commode ☐ Hearing Loop ☐

Please return this booking form with a non-refundable deposit of £100.

	Tick
I have enclosed a cheque for £100 (payable to The Beamsley Project)	
I have made a bank transfer for £100	
Details for BACS PAYMENTS: **Bank HSBC. Sort Code 40-25-30 Account 91268406**	

	No
In order to maintain our charitable status, we have to monitor our impact. If you are happy to do so, please could you confirm the number of guests in your party who have additional needs.	

Health & Safety

	Tick
I confirm we will carry out any necessary risk assessments for our guests prior to arrival	
I confirm we have the appropriate child protection & safeguarding procedures or polices in place.	

How did you first hear of the Beamsley Project?

		Tick
Internet	(Name of web site)	
Brochure / magazine	(name)	
Personal recommendation	(details)	
Other	(details)	

I have read and accept the Booking Conditions. The Beamsley Project will never share your personal data with other organisations but we would like to keep you up to date on our developments. Please tick if you would like to be receive updates by: Email ☐ and or post ☐.

Signed: ……………………………………………………………… Date: ……………………………………………………………………………