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**Please complete and return this form to us 3 weeks before your visit via email (**[**burwell.house@cambridgeshire.gov.uk**](mailto:burwell.house@cambridgeshire.gov.uk)**). The number of attendees on this form will be used as the minimum number payable on the final invoice, even if the group size subsequently decreases. If there is any increase in group size, please inform Burwell House immediately, and we will do our best to accomodate this.**

**School Groups**

**Burwell House Bedroom Plan**

**When choosing bedroom groups, we advise that friendship groups, behavioural issues and any vulnerable or isolated children are considered. Additionally, you may want to consider the locations of the nearest adult**

**rooms, toilet facilities and the fire escape when**

**deciding who sleeps where. Please include the**

**names of all resident and non-resident children**

**and adults. To ensure we can offer the**

**maximum allowable beds the Fen is now**

**available as room of 6, and if required**

**staff can stay in the Mandeville or**

**alternatively, we can offer a ‘baby’**

**monitor for this room if requested.**

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A blue and white map of a building

AI-generated content may be incorrect.**Burwell House Bedroom Plan**

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**Burwell House Bedroom Plan**

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AI-generated content may be incorrect.**Burwell House Bedroom List**

School Name: ……………………………………………………….

Resident Adults: …….. Resident pupils ….... Non-resident Adults ….... Non-resident pupils: …….

|  |  |
| --- | --- |
| **First Floor** | **Notes** |
| **Beckett** (This room is the only children’s room directly next door to an adult room) | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| **Drove** (this room has direct (alarmed) access to the fire escape) | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |
| **Rodden** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
| 14 |  |
| **Cam** (Staff) | |
| 1 |  |
| 2 |  |
| (3) |  |
| **Non-residential adults and children** | |
|  | |
|  | |
|  | |
|  | |

|  |  |
| --- | --- |
| **Second Floor** | **Notes** |
| **Pike** (The corridor outside this room has close access to the alarmed fire escape) | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| **Colchester** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| **Webb** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| **Wallis** | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| **Snail** (Usually staff but can be 2 beds for children if required) | |
| 1 |  |
| 2 |  |
| 3 |  |
| **Ouse** (Usually staff) | |
| 1 |  |
| 2 |  |
| **Lode** (sually staff) | |
| 1 |  |
| **Fen** (This room is downstairs, next to the lounge) | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| **Mandeville** If required for 1 or 2 staff see notes regarding if required. | |
| 1 |  |
| 2 |  |
| **‘Baby’ monitor for Fen** |  |

Please add any notes into the column that may be useful to us e.g. Bed wetting (BW), Additional support (AS), etc.

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AI-generated content may be incorrect.**Burwell House Individual Course Member**

**Information and Emergency Contact Details**

(This sheet will be securely stored and destroyed upon departure)

**Non-Residents**

|  |  |  |
| --- | --- | --- |
| Name | Which days and times is the child attending? | Which meals are required? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please complete the form below to advise us of which meals, days and times these day visitors will attend

**Course Members’ Information**

Please use this table to indicate any pupils who have special needs - including medical, behavioural or physical conditions - which it may be useful for Burwell house staff to be aware of. Visiting teachers should bring these pupils to the attention of their tutors at the start of the visit and confirm if they will have a 1 to 1 attending.

Please note – information on special diets should be on the meal planner and special diets form – please record these separately.

|  |  |  |
| --- | --- | --- |
| Name | Information | 1 to 1 attending |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Emergency Contacts**

Please provide emergency contact details for 2 members of key staff back at school – normally the head teacher, deputy head, chair of governors etc. These members of staff are to act as emergency contacts for on-site leaders and for Burwell House managers – accessible by telephone at all hours for the duration of the residential visit if the need arises.

They should have contact details for the parents/carers of all the children on the visit, as well as next of kin contacts for all visiting adults. Any parental / next of kin contact in the event of an emergency would normally be through this school contact rather than via the members of staff on site.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Position | Contact Number |
| Emergency  contact 1 |  |  |  |
| Emergency  contact 2 |  |  |  |