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## MONITORING FORM

## **GROUP OUTINGS FOR CHILDREN IN CARE AND THEIR INDEPENDENT VISITORS**

IT IS COMPULSORY THAT YOU COMPLETE AND RETURN THIS FORM WITH FEEDBACK SUCH AS LETTERS, DRAWINGS AND PHOTOGRAPHS

FAILURE TO COMPLETE AND RETURN THIS FORM WILL MEAN THAT FUTURE APPLICATIONS FROM YOU FOR FURTHER OUTINGS WILL **NOT** BE CONSIDERED

Reference Number (office to complete)
Your children in care and their Independent Visitors group recently benefitted from an outing. In order to monitor the benefits and outcomes of the activity please complete this form and return it to us.
Name of Group Leader
Address
Group Leader's employer organisation
Has your employer changed since you applied for funding? YES NO (please select correct one)
Destination Date of Trip
How many Children benefitted How many Independent Visitors benefitted?
Please let us know if you thought some aspects of the trip were particularly good or if certain things could be improved.  Please let us know the following by inserting:
1 Excellent 2 Very Good 3 Good 4 Average 5 Poor 6 Very Poor
A How well did we organise the trip  B The Coach/Transport  C The Place you Visited