

**IMPORTANT:** PLEASE COMPLETE THIS FORM AS FULLY AS POSSIBLE IN BLOCK CAPITALS. DO NOT LEAVE ANY BOXES BLANK, IF THE QUESTION DOES NOT APPLY TO YOUR GROUP THEN WRITE N/A IN THAT BOX. IF YOU HAVE ANY QUESTIONS CONTACT US SO WE CAN HELP YOU.

**SECTION ONE:** *About your Daytrip*

Your Daytrippers Ref No:

Name of organisation:

Destination:

Date of Trip:

**SECTION TWO:** *Numbers of Children in attendance with disabilities*

No of disabled children on the day:  Is this the same as specified on your original application?

 Y N

If no, please give reasons why? .....

*(If this number differs from your original application please note you MUST provide us with an updated list of names/diagnosis)*

**SECTION THREE:** *Your destination*

Would you recommend this destination for other daytrips?

 Y N

Do you have any feedback about the destination and how accessible they are? .....

How beneficial was this trip for the children that attended (please give details)? .....

**SECTION FOUR:** *Ideas for Daytrippers*

Do you have any ideas or suggestions for great daytrips or events that you know your children would LOVE to do?

**PLEASE CHECK THAT YOU ARE SUBMITTING ALL OF THE FOLLOWING REQUIREMENTS TO DAYTRIPPERS TO GET YOUR AGREED FUNDING (PLEASE TICK)**

 RECEIPTS UPDATED LIST OF CHILDREN (IF APPLICABLE) INVOICE TO DAYTRIPPERS (WITH BACS DETAILS) TESTIMONIALS (MUST INCLUDE PHOTOS WITH A GROUP PHOTO) FEEDBACK FORM