Activity Registration Form

This activity registration form needs to be filled in for each separate activity you are offering under the Natural Choices. By completing this form you are agreeing that the information can be passed onto referral bodies and be added to the Natural Choices Webpage: [www.dorsetlnp.org/Natural\_Choices](http://www.dorsetlnp.org/Natural_Choices)

Please fill in and return to [naturalchoices@dorsetlnp.org.uk](mailto:naturalchoices@dorsetlnp.org.uk)

Or by post: Dorset Local Nature Partnership, Brooklands Farm, Forston, Dorset, DT2 7AA

Internal Use Only - Provider No:

|  |  |
| --- | --- |
| **Business/organisation**  **name** |  |
| **Activity Lead Contact** |  |
| **Phone** (to be advertised) |  |
| **Email** (to be advertised) |  |

|  |  |
| --- | --- |
| **Activity Name** |  |
| **Activity location** |  |
| **Specific meeting details** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Frequency of Activity** | | **Weekly** |  | | **Fortnightly (inc. start date)** | |  | |
| **Specific dates if not regular** |  | | | | | |
| **MON** | **TUES** | **WEDS** | **THURS** | **FRI** | | **SAT** | | **SUN** |
| Time: From/To | Time: From/To | Time: From/To | Time: From/To | Time: From/To | | Time: From/To | | Time: From/To |
|  |  |  |  |  | |  | |  |

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| **Brief description of activity**  *Please describe what your activity involves/what happens* |
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| **Is there a specific target group for your activity?** | All Ages | 16+ | 18+ | 50+ | Other eg: specific disability / condition: |
|  |  |  |  |  |

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| --- | --- | --- | --- |
| **Is there a cost for attending the session?**  We recommend between £2 to £5 if you need to charge | Yes | No | If Yes, how much?  £ |
| **Need to book in advance?** | Yes | No | If yes, how? |

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| **Please let us know what people need to bring on the day or any other recommendations.** (please tick all that are appropriate and add in any extra information attendees need to know) | | | |
| **Recommended** | **✓** | **Optional Extras** (please list) | **✓** |
| Waterproofs (coats) |  |  |  |
| Suitable walking footwear |  |  |  |
| Money for refreshments (café) |  |  |  |
| Snack & Drink |  |  |  |
| Camera |  |  |  |
| Bicycle |  |  |  |
| Other: |  |  |  |
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| Internal use only | |
| Form processed |  |
| Submitted to Referral Agencies |  |