

**STUDENTS' DETAILS SHEET**

**Group:** \_\_\_\_\_ **Term:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **Venue:** \_\_\_\_\_  
**Organiser:** \_\_\_\_\_

*Please complete this form and return it to us BEFORE the start of your course.*

Student's Name	Date of Birth	Postcode

**Please note that it is important for you to give details below of any student who may compromise health and safety at Wheels due to :**

- a) *medical condition(s).*
- b) *behavioural problem(s), eg prone to physical violence, inability to control temper.*

*Please also give details of anything else you feel particularly relevant and which would be useful for the Supervisors to be aware of, eg anything a student is particularly sensitive to, something which is known to trigger aggressive behaviour, etc.*

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*We reserve the right to refuse to enrol students deemed by The Wheels Project to be unsuitable.*

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**Classroom Session Content**

If there are any particular topics you would like our Training Officer to include in his discussion sessions, please note them here.

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