



Lighthouse Keeper's Quest Client Needs Form

Contact Details:

School Name			
Address	Town		P/code
	Name		Phone
Main Contact	Position		
	email		Fax

Program Requirements:

Age / Year level		Number in group		Male		Female	
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Program to be delivered	Lighthouse Keeper's Quest						
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Dates (please give at least two options)	Date in		Date out	
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Program Length (please circle)	No. days	Actual days						
	1 day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	2 days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	3 days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	4 days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	5 days	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Program Objectives (please tick)	Objectives	Objectives
	Leadership	Time Management
	Communication	Environmental Awareness
	Self-esteem	Orienteering
	Problem Solving	Bushcraft
	Working with Others	Risk Assessment
	Planning	Record Keeping
	Middle Years Self-esteem	Year 7 Induction or Senior Induction
	Other – Please outline below your aims, outcomes and any other specific learning objectives you would like the Lighthouse Keeper's Quest to cover:	

Information Source - Where did you hear about the Lighthouse Keeper's Quest program?

Have you stayed with us before?

Disabilities or Special Needs

I am interested in receiving further information about the Lighthouse Keeper's Quest program. Please supply an approximate outline and cost for a program tailored to meet my schools needs.

Signature _____ **Date** _____