

KILLOWEN OUTDOOR EDUCATION CENTRE

END OF COURSE REPORT

TO BE COMPLETED BY THE COURSE CO-ORDINATOR

Name of School or Youth Group: \_\_\_\_\_

Dates of Course: \_\_\_\_\_

Names of Visiting Staff: \_\_\_\_\_

Course Co-ordinator: \_\_\_\_\_

Killowen Staff: \_\_\_\_\_

Any major adjustments to the programme: \_\_\_\_\_

What activities took place on the expedition day: \_\_\_\_\_

Accident Report forms completed: (Please give name(s) of injured person(s). \_\_\_\_\_

Disciplinary or other problems: \_\_\_\_\_

Incidents or accidents which may require further contact with the group or individual concerned: \_\_\_\_\_

TO BE COMPLETED BY THE VISITING LEADER / TEACHER - IN - CHARGE

Was there anything about your stay at Killowen which you think needs particular comment: \_\_\_\_\_

TO BE COMPLETED BY THE STOREMAN

Details of equipment lost or damaged: \_\_\_\_\_

Signed: \_\_\_\_\_ Storeman Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Visiting Leader-In-Charge Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Course Co-ordinator Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Warden