**Participant list**

**Name of Group:** **Date of First Session:** **Venue:**

|  |  |
| --- | --- |
| **Name** | **Dietary requirements or allergies? Please detail**  |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8.  |  |

To be completed by organisations recruiting participants to the practical cooking programme. Please return the completed form to:

Lizzy Hammond: Elizabeth.Hammond@ggc.scot.nhs.uk