

Unauthorised Traveller Encampment Visit Record

1: Address	
Location of Trespass	
Grid Reference	

2: Date of arrival of Travellers	
-----------------------------------------	--

3: Visiting Officer:	
Post held:	
Date of visit	

NB: if no information offered or available, place X in box beneath the appropriate paragraph or sub-paragraph.

4: Family Make up (Complete on additional sheets if required)		
NAME	Date of Birth	STATUS
		Head of family
		Partner
		Son/Daughter
		Son/Daughter
		Son/Daughter
		Son/Daughter
		Son/Daughter
		Son/Daughter
5: Additional Occupants of Site (complete on additional sheets if required)		
NAME	Date of Birth	STATUS

6: Persons over 60 years			
NAME	Date of Birth	STATUS	REMARKS
		Mother	
		Father	
		Relative	

7: Vehicles			
Make	Description		Registration

8: Health including pregnancies and special needs		
Name:	DOB:	Remarks:
Concerns:		
Local Doctor:		
Name:	Address:	
Local Hospital:		
Name:	Address:	
Dates Attended:	Dates of future Appointments:	

9: Education			
a) Request for children to have access to education			
Name		Date of Birth	Parents
b) School enrolled and date			
Name	School	Date	Remarks
(c) Special Needs (School):			
School Name:		School Address:	
Special Needs:			
Date enrolled:			

10: Was any offer made to put Travellers in contact with		
(a)	Health	Yes/No
(b)	Welfare	Yes/No
(c)	Housing organisations	Yes/No
(d)	Education	Yes/No

11: If Yes was this accepted	Yes/No
Details of action taken:	

12: If 'No', is it considered that, nevertheless, such contact is needed?
Yes/No
If 'Yes' give reasons or action taken
Give details:

14: Site Information	
(a)	How long do the occupants intend to remain in this location?
(b)	Are there any mechanical problems?
(c)	If so, how long will repairs take?
(d)	What is the purpose of the encampment?
(e)	Any known problems associated with this location?

15: Persons discussions took place with on site	
Name	
Name	
Name	
Name	
16: General Comments	

Print Name & Sign:	
Date:	