



CONNECTION GROUPS

PHYSICAL MEETING ASSESSMENT FORM

Section A: Connection Group Details

Zone Number:.....

Zone Leader Name:.....Cell:

Connection Group Name:.....

CG Leader Name:.....Cell:.....

CG Host Name:.....Cell:.....

CG Meeting Current Physical Address:.....

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Section B: Assessment

1. The Number of Current Active Members in the CG.....
2. Can the current CG meeting location adequately accommodate the members with physical distancing.....
3. Does the current meeting location house any vulnerable family members (children under six years or the elderly above seventy years?) Yes No
4. If the number of active members exceeds twelve and/or the current meeting place **cannot** accommodate the entire group with physical distancing, indicate if you will do the following:
 - (a) Create another / other group(s). Yes No
 - (b) If yes, provide details of prospective new leaders and hosts
 - i. Name.....Cell.....Email.....
 - ii. Name.....Cell.....Email.....
 - iii. Name.....Cell.....Email.....

(c) Find an independent meeting place. If so, provide name and address of the place.

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(d) If you will continue meeting online. Yes No

Section C: Official Use Only

1. Zone Leader recommendation after site visit of meeting place:

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Zone Leader Signature.....

Connection Group Leader Signature.....

Host Signature.....

2. Connection Group Staff recommendation:

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Approved.....

Not Approved.....