**\* Please complete all sections\***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Preferred month of visit:**  **Preferred day of visit** | | | Option 1 Option 2 Option 3  Option 1 Option 2 Option 3 | | **Topic:** | | Select | | | |
| **School/college:** | | Add here | | | | | Pupils receiving  Pupil Premium | | | Choose |
| Address: | Add here | | | | | | | Phone: | Add here | |
| Finance Contact: | | Add here | | Finance Email: | | Add here | | | | |

**ABOUT THE VISITING CLASS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group Leader:** | | Add here | | | Email: | Add here | | | Mobile: | Add here |
| Year group: | Add | | | Number of pupils: | | Add | Number of adults: | Add | | *minimum ratios:*  *1:6 under 8’s, 1:10 over 8’s* |
| Name of group first aider: | | | Add here | | | | | | | |

**ACCESSIBILITY, SEND & MEDICAL CONDITIONS**

|  |
| --- |
| List anything that is important for us to know about your pupils. Include any changes that we can make to our communication, space, tasks or equipment.  Add details here  *Visiting staff are responsible for carrying and administering medication* |

**TIME AND LOCATION OF VISIT**

|  |  |  |  |
| --- | --- | --- | --- |
| Time: | Select | Other time, please specify | Add here to enter time |
| Location: | Select | Other location, please specify | Add here to enter location |

**LEARNING OBJECTIVES**

|  |  |
| --- | --- |
| Learning objectives for your visit: | This will guide us when we are planning your activities. Activities will also be guided by time and weather.  Add here |
| Pre-visit learning: | Add here |

**PERMISSION FOR PHOTOGRAPHY -** Can we can photographs of your class?Select

At Creekside Discovery Centre we take photographs of our activities for media, marketing and promotional use. Photographs are used on our website, social media and marketing materials. They may also appear on websites and social media platforms other than our own.

**MONITORING –** Our funders request the collection of monitoring information. Please complete the following details on behalf of your group so we can compile statistics on our visitor profile.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How did you hear about us? | | Select | | | | | |
| Gender | Number of learners who are | | Girls Add | Boys Add | | Prefer not to say | |
| SEND | Number of learners who have a disability | | Learning Add | | Sensory Add | | Physical Add |
| EAL | Number of learners with EAL | | Add here | | | | |

**CANCELLATION** – All cancellations are difficult for us as a small charity with limited days available for visits. You will not be charged for the visit if you cancel six full weeks in advance. If you cancel or reschedule after this time you will incur additional costs or be liable for the full fee. If you need to cancel 10 days before your visit due to Covid19, we will offer to re-schedule the session for the next 4 available dates or you will be liable for the full fee.

**PAYMENT** – Please note payment to be received within 30 days of booking or four full weeks prior to the activity, whichever is earlier. Late payment will incur £50 penalty.

**BOOKING CONFIRMATION – Your booking will only be fully confirmed upon receipt of payment.**

**SEVERE WEATHER** – CET staff will assess if it is safe to carry out the planned actvity. If it is deemed unsafe alternative activities will be offered to the group leader on the day.

**RISK ASSESSMENT** – If you would like to arrange a previsit to carry out a risk assessment please contact us in advance to organise. If you would like a copy of our risk assessment for your activity please contact us.