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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Programme** | | Select | | | | | | | | | | | |
| **Preferred month of visit:** | | | | | Option 1 | | Option 2 | | | | | Option 3 | |
| **Preferred days of the week** | | | | | Option 1 | | Option 2 | | | | | Option 3 | |
| **School/college:** | | | | Add here | | | | Percentage of School 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 here | | | Number of pupils: | | Add here | | Number of adults: | Add here | | *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**

May we take photographs of your class for use in our annual report or on our web site and social media. Select

**MONITORING – Our funders request 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 Add | |
| SEND | Number of learners who have a disability | | | Learning Add | | Sensory Add | | Physical Add |
| EAL | Number of learners with EAL | | Add | | | | | |

**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.

**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.