

Learning & Engagement Visit – Overseas booking request form - 2017/18

Please complete the following sections if you wish to request a booking for the subsidised admission rates (and optional workshops) offered by the Learning & Engagement team for the academic year 2017/18. Please refer to the booking form guidelines for help completing this form.

Please note that this subsidised entrance fee does **not** include admission to the maze or the Magic Garden.

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| **Name of Agency/School** |  | | | | | | | |
| **Address** |  | | | | | | | |
| **Postcode** |  | | | **Telephone Number** | | |  | |
| **Contact Name** (Title, forename, surname) |  | | | | | | | |
| **Email** (This is where your booking confirmation and invoice will be sent) |  | | | | | | | |
| **Group/School Name** (Only applicable if booked via an agency) |  | | | | | | | |
| **Type of School** (e.g. Academy, Free, Secondary, Junior) |  | | | | | | | |
|  | | | | | | | | |
| **Date of Visit** | **1st Choice** | | | **2nd Choice** | | | **3rd Choice** | |
| Click here to enter a date. | | | Click here to enter a date. | | | Click here to enter a date. | |
| **Time of Arrival** (Your group must arrive before 15:00) |  | | | | | | | |
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| **Number of Pupils** (aged 5-15) |  | | | **Age of Pupils** | | |  | |
| **Number of Students** (aged 16+) |  | | | **Age of Students** | | |  | |
| **Do you have any pupils/students who require 1:1 support?** | Yes  No | | | **If yes, how many?** | | |  | |
| **Please provide details of their SEND requirements** (Learning/behaviour/physical) |  | | | | | | | |
| **Total number of adults – Including 1:1 support adults** (You must have a minimum ratio of 1:5 for KS1 or 1:10 for KS2/3/4) |  | | | | | | | |
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| **Type of Visit – Please refer to accompanying booking form guidelines on how to complete this section.**  (Please note that if you wish to book an EFL/ESL workshop, each of the time slots holds a maximum of 35 students. If you have more than 35 students you must select the appropriate number of time slots to accommodate your group.) | | | | | | | | |
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| **Section A –** *I want my group to take part in the International Missions trail card pack* | | | | | | | | |
| **International Mission – Trail Card Pack** | (Please choose language from options below) | | | | | | | |
| **If you have selected International Mission please choose language** | **English** | **English as a foreign language** | | | **French** | | | **German** |
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| **Section B -** *I want my group to take part in the EFL/ESL tour* | | | | | | | | |
| **EFL/ESL Tour – Guided by a costumed presenter** | (Maximum of 35 students per time slot. If you have more than 35 students you **must** select more than one time slot below) | | | | | | | |
| **If you have selected EFL/ESL Tour please select time slots** | **10:30 – 11:30** | | **11:45 – 12:45** | | | **13:15 – 14:15** | | |
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Please email your completed form to [hamptoncourtlearning@hrp.org.uk](mailto:hamptoncourtlearning@hrp.org.uk)