

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** |       |
| **Finance Contact Name** (Title, forename, surname) |       |
| **Finance Contact Email** (This is where your invoice and booking confirmation will be sent) |       |
| **Group/School Name** (Only applicable if booked via an agency) |       |
| **Visit Organiser Name** |       |
| **Visit Organiser Email**  |        |
|  |
| **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) |       |
|  |
| **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) |       |
|  |
| **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** |
| [ ]  | [ ]  | [ ]  | [ ]  |
| **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** |
| [ ]  | [ ]  | [ ]  |

Please email your completed form to hamptoncourtlearning@hrp.org.uk