

Learning & Engagement Visit

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.

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| --- | --- | --- | --- |
| **Name of School/Agency** |  | | |
| **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) |  | | |
| **Type of School** (e.g. Academy, Free, Secondary, Junior) |  | | |
| **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. |
|  | | | |
| **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 a 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.) | | | |
|  | | | |
| **Section A –** *I want my group to do a self-guided visit without workshops* | | | |
| **Admission only, self-guided visit** |  | **Time of Arrival** (Your group must arrive before 15:00) |  |
| **Section B -** *I want each group to take part in* ***one*** *workshop* | | | |
| **1st Choice Learning Workshop** |  | **Preferred timeslot/s** (See website for session timeslots) | 1st –  2nd –  3rd – |
| **2nd Choice Learning Workshop** (If your 1st choice is not available) |  | **Preferred timeslot/s** (See website for session timeslots) | 1st –  2nd –  3rd – |
| **Section C** *- I want each group to take part in* ***two*** *workshops*  (If you would like each of your pupils to take part in more than one workshop please complete Section B **and** C) | | | |
| **1st Choice Learning Workshop** |  | **Preferred timeslot/s** (See website for session timeslots) | 1st –  2nd –  3rd – |
| **2nd Choice Learning Workshop** (If your 1st choice is not available) |  | **Preferred timeslot/s** (See website for session timeslots) | 1st –  2nd –  3rd – |

Please email your completed form to [kensingtonlearning@hrp.org.uk](mailto:kensingtonlearning@hrp.org.uk)