

Public Engagement Visit

Booking Request Form

**Please read the accompanying** [**guidelines**](https://www.hrp.org.uk/media/1848/bookingformguidelines_2018-19_final.pdf) **before completing the booking request 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** |  | | | | |
| Please tick this box to receive the latest news, offers and stories from Public Engagement at Historic Royal Palaces. To find out more about how we collect and use personal data, please see Historic Royal Palaces' [Privacy policy](http://www.hrp.org.uk/privacy-and-cookie-policy/) | | | | | |
|  | | | | | |
| **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 – no names required) |  | | | | |
| **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 session, 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-led visit without session* | | | | | |
| **Admission only, self-led visit** |  | **Time of Arrival** (Your group must arrive before 15:00) | | |  |
| **Section B -** *I want each group to take part in* ***one*** *session* | | | | | |
| **1st Choice Session** |  | **Preferred timeslot/s** (See website for session timeslots) | | | 1st –  2nd –  3rd – |
| **2nd Choice Session** (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*** *sessions*  (If you would like each of your pupils to take part in more than one session please complete Section B **and** C) | | | | | |
| **1st Choice Session** |  | **Preferred timeslot/s** (See website for session timeslots) | | | 1st –  2nd –  3rd – |
| **2nd Choice Session** (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)