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Schools & Communities Visit - 2019/20

UK School/UK Agency Booking Request Form

**Please read the accompanying** [**guidelines**](https://www.hrp.org.uk/media/1843/bookingformguidelines_2018-19_final.pdf) **before completing this booking request form.**

(*Please note that this subsidised schools rate does* ***not*** *include admission to the Maze or Magic Garden)*

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| --- | --- | --- | --- | --- | --- |
| **Name of School/Agency** |  | | | | |
| **Address** |  | | | | |
| **Postcode** |  | **Telephone Number** | | |  |
| **Finance Contact Name** (Title, forename, surname) |  | | | | |
| **Finance Email Address** (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, 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/) | | | | | |
| We may combine (non-personal) data about your school with information from the government's school census to understand more about the demographic profile of the schools visiting us. This helps us to develop our schools service to reach a wide range of schools. | | | | | |
|  | | | | | |
| **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 – no names required) |  | | | | |
| **Total number of adults – Including 1:1 support adults** (You must meet our minimum ratio for supervision, please see the booking form guidelines for details) |  | | | | |
|  | | | | | |
| **Type of Visit – You must select one of the options below.** (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.) | | | | | |
|  | | | | | |
| **A –** *I want my group to do a self-led visit without sessions* | | | | | |
| **Admission only, self-led visit** |  | | | | |
| **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 – |
| **C** *- I want each group to take part in* ***two*** *sessions* | | | | | |
| **Session one** |  | **Preferred timeslot/s** (See website for session timeslots) | | | 1st –  2nd –  3rd – |
| **Session two** |  | **Preferred timeslot/s** (See website for session timeslots) | | | 1st –  2nd –  3rd – |

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