

Schools Session Request Form

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Contact Details:	
Name of school or group	
Address	
Contact numbers (school	
landline and mobile of	
teacher/s on day)	
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Email address of main	
contact	
About your school or	
group:	
Number of students	
Year group/age of students	
Number of adults	
attending (Teachers, TA's	
and Parents)	
,	
About your session:	
Preferred date visit	
(between Mon – Wed	
during January)	
Preferred time for session	
What session would you	
like to book?	
SEND requirements	
Is disabled parking	
required? Size of vehicle,	
side or rear wheelchair	
access.	



SEND requirements	
Number of wheelchair	
users?	
Is	
additional seating	
required?	
Any adaptations	
needed to support physical	
access to the	
workshop?	
·	
How can we best meet the	
SEND access needs	
of your group?	
, 5 .	
Will you require access to	
an accessible toilet?	
Are any students/staff	
visually impaired?	
Do any students have	
sensory processing needs	
or behavior triggers we	
need to be aware of?	
Are any students/staff	
D/deaf or hearing	
impaired?	
Do you require the use of a	
'safe space' chill out	
tent or space for tube	
feeding giving medicine?	
Do any students use	
alternative communication	
systems such as symbols,	
Makaton etc and if so	
what?	
Are there any elements of	
the workshop you	
would like us to remove or	
adapt for your visit?	



SEND requirements	
Would your students like	
to know who they will	
meet on their visit?	
Will scents or smells be an	
issue for students?	
Are there any known	
health conditions in your	
group that may require an	
ambulance, eg	
epilepsy. How can I staff	
best support you in	
this event?	
Is there anything we have	
missed asking you?	
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Getting here:	
Travel arrangements. How	
are arriving?	
Estimated time of arrival	
25tmated time of dirival	
Estimated time of	
denarture	

• Find out how we use your personal information in our privacy notice