

Schools Session Request Form

Contact details

Name of school or group	
Address	
Contact numbers (school landline and mobile of teacher/s on day)	
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)	
Preferred time for session (10 – 12pm or 1- 3pm)	
What session would you like to book?	

Special Educational Needs and Disabilities (SEND) requirements

Are there any physical access needs of children or staff?	
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Number of wheelchair users?	
Are there any adaptations needed to support physical access to the workshop?	
How can we best meet the SEND access needs of your group?	
Will you require access to an accessible toilet?	
Are any students/staff visually impaired?	
Do any students have sensory processing needs or behaviour 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 room 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?	
Would your students like to know who they will meet on their visit?	
Will scents or smells be an issue for students?	

<p>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?</p>	
<p>Is there anything we have missed asking you?</p>	

Getting here

<p>Travel arrangements. How are arriving?</p>	
<p>Estimated time of arrival</p>	
<p>Estimated time of departure</p>	

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