Shape

Description automatically generated with medium confidence

Educational Visit Booking Form

2021-22

# School/Group Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School/Group:** |  | | |
| **Year Group:** |  | | |
| **Name of Teacher/EVC:** |  | | |
| **Address:** |  | | |
| **Postcode:** |  | **Contact Tel:** |  |
| **Contact email Address:** |  | | |

# Request Detail

|  |  |
| --- | --- |
| **Session Choice(s)** | **1.** |
|  | **2.** |
|  | **3.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requested Dates** |  | |  | |
|  |  |  |  |
| 1st Preference |  | | | |
| 2nd Preference |  | | | |
| 3rd Preference |  | | | |

**Please outline the educational aim of your visit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number in each Class/Group:** |  |  |  |
| **Number of Staff** |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you have a Child Protection Policy in place?** | YES |  | NO |  |  |
| **Are there any SEND or SEMH needs we should be aware of?** Please add details below | YES |  | NO |  |  |
| **Any serious medical conditions we need to be aware of?** Please add details below | YES |  | NO |  |  |
| **Declaration on behalf of organisation** |  |  |  |  | |

|  |
| --- |
| **Additional information:** |

*This is only a booking request and not a confirmation of your booking. This will be reviewed by Wild Minds. If Wild Minds is able to accept your booking for one of your requested dates you will be sent a booking confirmation which will ask you to supply further details to meet the needs of your request.*

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RETURN FORM BY EMAIL TO: contact@wildmindsnature.co.uk**