|  |  |  |
| --- | --- | --- |
| **1. Group Information** | | |
| Name of School: | | Name of Organiser/Visit Leader: |
| School Address: | | Contact Number on day of visit: |
| Postcode: | | Local Authority Area: |
| Telephone No: | | Email Address: |
| Year and age of group (e.g. P1, P2 etc.): | |  |
| Number of pupils in group: | | Number of accompanying adults: |
| Emergency contact Name and Number: | |  |
|  | | |
| **2. Visit Requirements** | | |
| Preferred date(s) of visit: | | |
| Estimated arrival time (please note the museum opens at 10am): | | Estimated departure time (please note the museum closes at 4pm): |
| Type of Visit: | 🞐 Workshops 🞐 Self-Led 🞐 Other | |
| Which school workshop is required (optional)? |  | |
| What topic or course of study is your visit associated? |  | |
| Level of class knowledge of the topic at time of visit: |  | |
| How did you hear about us? |  | |
| Details of any special requirements (e.g. wheelchair, additional support, pupils with additional needs etc.) |  | |