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| **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: |  |
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| **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.)  |  |