Wessex Rivers Trust

Our River Our Water Education Booking Form

Once completed, please email this form to tracy@wessexrt.org.uk

|  |  |
| --- | --- |
| **Name of School:** |  |
| **Main contact name and role:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Address:** |  |
| **Year group(s):** |  |
| **Number of pupils:** (total and no. in each class) |  |
| **Number of adults:** (we recommend a 1:6 adult to child ratio for all outdoor sessions) |  |
| **Session date:** (please put 3 dates in order of preference) |  |
| **School’s Designated Safeguarding Lead’s (DSL) name and contact details:** |  |
| **Area of study you would like the sessions to focus on:** (e.g. water safety, water conservation, living things, adaptation, geography, field studies) |  |
| **Wessex RT staff member delivering sessions** (to be completed by Wessex RT) |  |
| **Wessex RT staff member’s phone number** (for use on the day of the session only) |  |

Our River Our Water Education Programmes

Please select the education programme(s) you would like to book

**Interactive Assembly** (preferred time? \_\_\_\_\_\_\_) [ ]

**Riverbank Session** [ ]

**Classroom Session (if unable to be on the riverbank)** [ ]

For Riverbank sessions only:

|  |  |
| --- | --- |
| **Local river access point address** (if known): |  |
| **Local river landowner details** (if known): |  |
| **Pre-visit date:** (ideally 1-2 weeks before session date, please suggest two or three dates and times)  |  |

Other Information

|  |  |
| --- | --- |
| **Are there any children/adults with medical conditions we need to be aware of? If so, please specify.** |  |
| **Are there any children with special educational needs we need to be aware of? If so, please specify.** |  |
| **How did you hear about Wessex River Trust’s education programmes?** |  |
| **Any other comments.** |  |

Are you happy for us to store your personal information to allow us to contact you regarding your river education sessions? (To see our Data Protection Policy visit <https://www.wessexrt.org.uk/policies.html>)

**Yes** [ ]

**No** [ ]

Have you read and agree to all the information provide to you in Wessex Rivers Trust’s School Education Information Pack?

**Yes** [ ]

**No** [ ]

**Signed: Date:**

(NB. Please type name if digital signature not available)