Wessex Rivers Trust

Our River Our Water Education Booking Form

Once completed, please email this form to education@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 dates:** (please let us know which weeks fit in with your learning: if there are any weekdays you cannot do e.g. PE is on a Wednesday, please include those here)  |  |
| **School’s Designated Safeguarding Lead’s (DSL) name and contact details:** |  |
| **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) |  |
| This project focuses on **river wildlife**, **river features** and **water conservation**.If you would like to focus on a different area of study, please let us know when booking and we will do our best to incorporate it into the session. Including an additional activity will depend on the site used, the time available when onsite and whether you have also booked an assembly, which will give us more flexibility. **Additional area of study you would like the session to focus on:**  |

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 visit 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 with all the information provided to you in the Our River Our Water Primary School Information Pack?

**Yes** [ ]

**No** [ ]

**Signed: Date:**

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