Our River, Our Water

Uniformed Group Booking Form

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

Group Information

|  |  |
| --- | --- |
| **Name of Group:** |  |
| **Main contact name and role:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Address of group base:** |  |
| **Age of young people:** |  |
| **Number of young people:** |  |
| **Number of adults:** We recommend at least 1:6 (under 8 year olds) and 1:8 (under 14 year olds) |  |
| **Day of the week the group meets:** |  |
| **Time the group meets:** |  |
| **Date:** (please put 3 dates in order of preference) |  |
| **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) |  |

Session Information

We can offer a riverbank session covering a river feature and wildlife walk, river dipping for invertebrates and water use games. If your group usually meets for an hour or 1 ¼ hours, we can work with you over two evenings to cover all the activities.

If you are unable to get to the riverbank, we can bring the invertebrates to your usual meeting place.

Riverbank Session [ ]

For Riverbank Sessions only:

|  |  |
| --- | --- |
| **Local river access point address** (if known): |  |
| **Local river landowner details** (if known): |  |

For indoor sessions only:

|  |  |
| --- | --- |
| **Is there parking available for our staff on site?** (Please provide access details) |  |

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)