 

|  |  |
| --- | --- |
| Name of school: |  |
| Age range of pupils: |  |
| Please describe your school context and the stage you are at in implementing T4W in your school: |  |
| Support required: *For example:**Book talk**Text mapping**Magpie work**Toolkits**Boxing up**Immersion**Imitation**Innovation**Invention* |  |
| Number of participants that you are booking:  |  |

 

**BOOKING CONTACT DETAILS**

**NAME:**

**TITLE:**

**SCHOOL:**

**ADDRESS:**

**TEL:**

**LEAD CONTACT EMAIL:**

**PLEASE STATE WHETHER YOUR SCHOOL IS AN ACADEMY:**  YES / NO

|  |  |  |
| --- | --- | --- |
| **PARTICIPANT NAME**  | **PARTICIPANT EMAIL ADDRESS** | **SPECIFIC DIETARY NEEDS** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**Please ensure that you complete the participant’s email address so that we can send any further instructions.**

**N.B. :** We also require you to submit DBS information for each member of staff visiting our premises in order to comply with the Montgomery Primary Academy Central Register of DBS details. Please complete the section on page 2 of this booking form.

**PLEASE RETURN TO:** **mbegum@montgomeryprimaryacademy.org**

 

**DBS INFORMATION FOR VISITORS TO**

**MONTGOMERY PRIMARY ACADEMY**

**Montgomery Primary Academy holds a Central Register of its visitors’ DBS clearance details, in line with Ofsted requirements.**

**Please supply us with the information listed below for each member of staff who will visit Montgomery Primary Academy to take part in on-site training.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **School / Organisation** | **DBS Number** | **Issue Date** | **Disqualification by association check completed by employer? Y/N** | **Date of Birth** |
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**N.B. We require this information *prior* to the commencement of the training.**

**Thank you**