|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group Details** |  |  |  |  |  |  |  |  |
| School/Organisation: |  |  |  |  |  |  |  |  |
| Address: |  |  |  |  |  |  |  |  |
| Preferred date: |  |  |  |  |  |  |  |  |
| Preferred time: |  |  |  |  |  |  |  |  |
| Number of students: |  |  |  |  |  |  |  |  |
| Age range of students: |  |  |  |  |  |  |  |  |
| Number of teachers: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Lead Contact Details** |  |  |  |  |  |  |  |  |
| Name: |  |  |  |  |  |  |  |  |
| Email/Phone: |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Engagement** |  |  |  |  |  |  |  |  |
| Would you like a brief introduction to Arnolfini and the current exhibition: |  |  |  |  |  |  |  |  |
| Does anyone require extra support engaging in the exhibition:  *This may include literacy and language, sensory processing, attention deficit, anxiety, mobility, visual or auditory support.* |  |  |  |  |  |  |  |  |

Please return this form to info@arnolfini.org.uk