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| **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: |   |   |   |   |   |   |   |   |
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| **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.* |   |   |   |   |   |   |   |   |

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