**APPRENTICESHIPS SUFFOLK**

 **SCHOOL EVENT BOOKING FORM**

**Thank you for contacting Apprenticeships Suffolk to request support of your upcoming event/s. Please complete this form and a member of our team will contact you.**

**This form is available in other formats, PDF, large print, easy read, audio recording or braille.**

**Please email** **apprenticeships@suffolk.gov.uk** **with your requirement.**

**School Contact Details:**

|  |  |
| --- | --- |
| **Date of form completion:** |  |
| **Contact Name:** |  |
| **Contact Number:** |  |
| **Contact Email Address:** |  |
| **Event Location:** |  |

**Event Details:**

|  |  |
| --- | --- |
| **Name of Event:** |  |
| **Type of Event:** | **Delivery of Event** | **Date of Event*****(A minimum of 4-6 weeks’ notice is required)*** | **Start and End time *(including set up time)*** |
| **Careers Fair**[ ]  | **Face to Face** [ ] **Virtual** [ ]  |  |  |
| **Assembly**[ ]  | **Face to Face** [ ] **Virtual** [ ]  |  |  |
| **Workshop**[ ]  | **Face to Face** [ ] **Virtual** [ ]  |  |  |
| **Drop-in Session**[ ]  | **Face to Face** [ ] **Virtual** [ ]  |  |  |
| **1-2-1 Sessions**[ ]  | **Face to Face** [ ] **Virtual** [ ]  |  |  |
| **Teacher Workshop**[ ]  | **Face to Face** [ ] **Virtual** [ ]  |  |  |
| **Parent Workshop** [ ]  | **Face to Face** [ ] **Virtual** [ ]  |  |  |

**Other Questions:**

|  |  |
| --- | --- |
| **What is the target audience for this event?** | [ ]  **Year 11**[ ]  **Year 12** [ ]  **Year 13** [ ]  **Other:**  |
| **Any other Training provider/FE attending offering apprenticeship advice?** | [ ]  **Yes, if so, please name below:**[ ]  **No** |
| **How many people do you expect to attend this event?** |  |
| **Please use this space to detail any other relevant information you believe is applicable** |  |