**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**](mailto: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** |  |