Booking a workshop with the alliance française d’Oxford

*Please fill out the form below.*

|  |  |
| --- | --- |
| Name of school and year group(s) |  |
| Desired date of workshop |  |
| Name(s) of accompanying teacher(s) |  |
| Accompanying teacher’s email address and emergency phone number |  |
| Workshop location | □ at your school □ at the AFO premises |
| Sessions | Theme | Times | No. of students |
|  |  |  |
|  |  |  |
|  |  |  |
| Do you require a risk assessment outside our premises? |  |
| Any medical issues we should be aware of? |  |
| Does the AFO teacher need a DBS certificate for this workshop? |  |
| Do you consent to pictures and videos being taken during the event, in accordance with our Data Protection Policy? |  |
| Email address the QUOTE/INVOICE should be sent to? |  |

We will confirm availability, date, and times with you directly.

Please note, if there is an activity outside our premises, the school is responsible for transport to and from the activity.