



INSET Booking Request

Contact Name: _____ Postcode: _____
School: _____ Telephone: _____
Address: _____ Email: _____

Best time of day to be contacted: _____

Where did you hear about Class Act: _____

INSET Requirements

INSET leader preference: _____
(If none, leave blank)

INSET Focus: _____

Date of Preferred Visit: _____

Alternative Date: _____

Time: _____

Additional Info

(Give a brief outline of your INSET requirements here. Please include any information we need to know to organise the most appropriate writer/poet/storyteller for your schools training needs)

