

CLUSTER WORKSHOPS

SCHOOL DETAILS:

Contact Name: _____

Postcode: _____

School: _____

Telephone: _____

Address: _____

Email: _____

WORKSHOPS AVAILABLE _____ :

PRACTICAL POETRY (KS 1 or 2)

CREATIVE WRITING (KS 1 or 2)

THE SKILL OF STORYTELLING (KS 1 or 2)

NON -FICTION WRITING (KS 2)

Please list preferred workshops and preferred dates:

TERM 1/2

Preferred workshop _____ Keystage 1 2 (*please circle*)

Preferred date _____ Alternative date _____

TERM 3/4

Preferred workshop _____ Keystage 1 2 (*please circle*)

Preferred date _____ Alternative date _____

TERM 5/6

Preferred workshop _____ Keystage 1 2 (*please circle*)

Preferred date _____ Alternative date _____

Preferred start time for workshops _____

(Each workshop runs for approx. 2 hours)



Class Act Agency will contact the schools in your cluster group. Please list the names of schools in your cluster group or area and give a contact name if known.

Contact name: _____

School Name: _____

Town: _____

Contact name: _____

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Town: _____

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Town: _____

Thank you!

