

Teacher Name:



## Please return to:

SEAI Workshops, Lifetime Lab, Old Cork Waterworks Experience, Lee Rd,Cork , T23 N828 Email: lifetimelab@corkcity.ie Fax: 021 494515 Phone: 021 4941500

## **Booking Form: SEAI Guzzler Junior Primary Energy Workshop**

School Nar	ne:					Ro	oll No.						
School Add	dress: (N	B: please p	provide ir	ı full)									
Contact Nu	•	:											
Email Add	-					_							
	(	Class level: No. of p				Class Teacher							
Workshop													
Workshop	2												
Workshop	3												
Please stat	e if any	of the parti	cipants h	ave specia	l needs								
What is the level of knowledge of the group on this subject													
Has your school a Green Flag? Yes No													
Has received a SEAI workshop previously?  If Yes,  When?													
Please outline below the day you would like us to visit your school, $\underline{1-5}$ in order of preference i.e. 1 being the most preferred day, 2 the second most preferred etc.													
Monday		Tuesday		Wednesd	lay	Thursda		day		Frid	Friday		
Where did	ou hear	about the w	orkshops?	,									
During the workshops facilitators may wish to take photos of students for promotional purposes – please indicate in advance if your school policy does not permit this practice									Yes		No		
On return of the booking form we will keep it on file and contact you, with available workshops, on a first come first serve basis.													
Please give clear <u>directions</u> of how to get to your school:  NB: Direction Details here:													
MB. Directi	on Deta	ns nere.											