

Wadebridge School Limited Company Registered UK (Charitable status) Company No: 07999988

Headteacher: Miss T. Yardley B.A. Hons.

Gonvena Hill, Wadebridge, Cornwall PL27 6BU

E-Mail: enquiries@wadebridge.cornwall.sch.uk Telephone Number: 01208 812881



	CEIAG	Provider Bo 2022	ooking Form	
Name of training, ap further or higher edu				
What career area(s) will you be advising of				
Date / length of desi	red session		Target Age / Year Group:	
Audience Size – (plea	se mark with an X)			
Whole Year S	selected Group	Individual Studer	nt Student & Parents	
Please state selection	n criteria where app	olicable:		
Type of Cossiss				
Type of Session – (pl	, -			
In School:	Please state the t would like e.g. cla assembly, Parent			
	¬ Please state the ty	pe of session you		
Out of School:	are providing e.g.	Open Day, Career		
	Fair, Presentation	Evering etc.		
Contact telephone no	umber	Names of lead	delegate and any other staff	attending
		-		
Contac				
Resource Reques				
3. Laptop / PC	1	. Display board (s	size)	
4. Projector &	Screen 2	. Other		
i. Trojector d				
5. Audio / Spe	akers			
Please ret	urn this form to the	Wadebridge Scho	ol Careers Lead: Mr. P.Glynn	
		vadebridge.cornwa	•	

		ffice Use	
Date Received			
Agreed			
Further Action			
Deallead			
Declined			
Reason			
Further Action			
Feedback on Activity			
Activity			