

SCHOOLS ACCESS SCHEME APPLICATION FORM

Site of requested visit and preferred visit date:	Site:	Date:
School name and address	:	
Contact name		
Contact e-mail address:		
Contact telephone number	er:	
Type of school; (state, academ pendent)	ıy, inde-	
Access Scheme Eligibility	:	
note:		that their school works for and with economically disadvantaged pupils. Please
 Schools can apply for one visit per academic year. Schools can apply a maximum of two classes per visit. 		
Schools wishing	to apply	in subsequent years for the access scheme having previously visited using the d submit evidence that they still meet the required criteria.
mitting for consideration: This school ha	as a high	er than average number of pupils who receive pupil premium funding eland and Wales; i.e. 30%+ pupil premium)
		rea with high indicators of multiple deprivation
This school h	nas pupil	Is in receipt of the Pupil Equity Fund (Scotland) y:
Please provide evidence below of the school's eligibility (e.g. scan/print of official letter/document from government or local authority or a web link indicating status):		
Please check this box if you are attaching a document to be considered as a part of the application		