**Visiting Speaker at Fowey River Academy**

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| --- | --- |
| Name of speaker and organisation |  |
| Speaker contact details |  |
| Date of proposed visit |  |
| Name of contact at FRA |  |
| Reason for visit |  |
| Please give below a brief outline of the information to be communicated in the Speaker’s talk to Fowey River Academy pupils: | |
|  | |

Organiser to confirm:

* That the Visiting Speaker will be accompanied whilst on site at all times

|  |  |
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| Organiser signature |  |
| Organiser print name |  |
| Date |  |

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| Approved by Head of Faculty |  |
| Date |  |