



Family Learning Enquiry Form

Name:						
Address:						
		Post Code:				
Phone/Mobile:		Email:				
If you want to take part in a course or workshop, would you need a creche? <i>(please tick the appropriate box)</i>					Yes	No
If yes, what age(s) are your children?						
Please tick the time that suits you to attend a course or workshop: <i>(tick all boxes that apply to you)</i>						
<input type="checkbox"/>	During school hours		<input type="checkbox"/>	Evenings only		
<input type="checkbox"/>	During school term time		<input type="checkbox"/>	Outside of school hours		
<input type="checkbox"/>	Anytime during the day		<input type="checkbox"/>	Weekends only		
From the list of courses below, please tick which ones you would like to do.						
<input type="checkbox"/>	Keeping up with your child in maths		<input type="checkbox"/>	Keeping up with your child in English		
<input type="checkbox"/>	ESOL Classes		<input type="checkbox"/>	IT courses		
<input type="checkbox"/>	Online Safety		<input type="checkbox"/>	Family Crafts and Activities		
<input type="checkbox"/>	Let's talk Mental Health		<input type="checkbox"/>	Eat Well on a Budget		
<input type="checkbox"/>	Storytelling		<input type="checkbox"/>	Emotional Health: You and your family		
<input type="checkbox"/>	Positive disciplining & boundary setting		<input type="checkbox"/>	Developing Resilience		
<input type="checkbox"/>	The benefits of a Growth Mindset		<input type="checkbox"/>	Other ideas: <i>(please write in the space below)</i>		
Signed:*				Date:		

* *GDPR agreement – by signing this form, I consent to OAL's Family Learning Team using my email address and contact details solely for the purpose of responding to this enquiry.*

Thank you for completing this form - we will be in touch