Complete and return this form to: beth.cole@basw.co.uk. Please note that we have a high number of requests for visits, and we will endeavour to meet them. To confirm your booking, please return this form at the earliest opportunity.

We will do our best to accommodate your preferences, but we now very rarely carry out in person visits. In the event that we are able to come in person, we do ask for compensation for any required travel.

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| **Your Details** |
| University |  |
| Is this a BASW affiliated University?  | Choose an item. |
| Contact Name |  |
| Contact Email  |  |
| Contact Number |  |
| In Person on Virtual? | Choose an item. |
| Are you able cover any travel expenses? (If yes, please fill in invoice section below) | Choose an item. |
| Venue Address or Link |  |
| Delivery Address for materials if different from above (Please see below list of materials to request) |  |
| **Event Details** |
| Date of Visit | Click or tap to enter a date. |
| Time of Visit  |  |
| Expected No. of Participants | Choose an item. |
| Student Profile | Choose an item. |
| Event Type | Choose an item. |
| Please provide any other information that would be useful for the attending Professional Officer here, including alternative dates.  |  |

Tick any materials you would like us to send you from the list below, and then select the amount you would like, subject to availability. If requesting materials, please allow up to two weeks prior to your event to allow us to process your order.

|  |  |
| --- | --- |
| **Materials** | **Amount** |
| [ ]  BASW Membership Leaflet | Choose an item. |
| [ ]  Social Work Union Information Leaflet | Choose an item. |
| [ ]  PCF Card | Choose an item. |
| [ ]  BASW Brand Pens | Choose an item. |
| [ ]  BASW Brand Pencils | Choose an item. |
| [ ]  BASW Badges | Choose an item. |
| [ ]  Other (please specify):  | Choose an item. |

If you would like the event to be in person and are able to cover travel costs, please fill in invoicing details below.

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| **Invoicing Details** |
| Purchase Order Number |  |
| Invoice Contact Name |  |
| Invoice Contact EmailAddress |  |
| Invoice Contact Address and Post Code |  |