



COUNCIL OF THE ISLES OF SCILLY

YEAR 10 & 11 MAINLAND EDUCATION VISIT GRANT EVALUATION FORM

Parent's Name: _____

Student's Name: _____

Student's Date of Birth: _____

Name of school(s)/ college(s) visited: _____

Dates of visit(s): _____

What type of further education/ training is your child planning to pursue (e.g. A-Levels, or maritime college)?

Please can you tell us of any outcomes from the visit supported by this funding?

Is there any further assistance or support that Children's Services can offer in ensuring your child's smooth transition to mainland education?

For support and guidance in securing suitable accommodation for your child, please contact Youth Support Officer on 07709 176 600.

Thank you for providing this information which will be held confidentially. Data will be used only for monitoring and evaluating grant funding.

If you require this document in larger print please contact 01720 424046 / email diversity@scilly.gov.uk.