AVON AND SOMERSET CONSTABULARY

**Early Intervention Team – Request for Service**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Request** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requester name** | **Department** | **School** | **Telephone number** |
|  |  |  |  |
| |  |  | | --- | --- | | **Email Address** |  | |  | | |

|  |
| --- |
| **What engagement would you like to request** |
| |  |  |  | | --- | --- | --- | | **Topics for pupils** | **Time / Date / Year Group** | **Number of students** | | Sexting / Online safety |  |  | | Knife Crime |  |  | | Anti-Social Behaviour |  |  | | Child Criminal Exploitation |  |  | | Gender based violence |  |  | | Know your rights / stop and search |  |  | | Hate Crime |  |  | | Drugs and the law |  |  | | **Workshop for pupils** | **Time / Date / Year Group** | **Number of students** | | Blunt Truth |  |  | |  |  |  | | **Topics for teaching staff** | **Time / Date** | **Number of staff** | | When to call the police |  |  | | Leap training |  |  | |  |  |  | |
| **What would you like from the Early Intervention Team as part of your request, what are your deliverables?**  Please provide your set of requirement(s). Include number of officers required, number of children, other relevant information |
|  |
| **Additional Information comments** |
|  |

|  |
| --- |
| When complete please attached any supporting documents and send to [BristolEIT@avonandsomerset.police.uk](mailto:BristolEIT@avonandsomerset.police.uk) We will endeavor to respond to you request within 48hours contacting you directly to confirm attendance |