AVON AND SOMERSET CONSTABULARY

**Early Intervention Team – Request for Service**

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

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

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| **What engagement would you like to request**  |
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| **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 |  |  |
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| **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 |
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| **Additional Information comments**  |
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| When complete please attached any supporting documents and send to BristolEIT@avonandsomerset.police.uk We will endeavor to respond to you request within 48hours contacting you directly to confirm attendance |