

  **Re: Pupil Parliament Event, 2024, Tuesday 18th June 2024, Warwick university**

Hi

We would like to invite you to take part in this year’s Pupil Parliament, which will be taking place on **Thursday June 18th, 2024, 9.00am- 1.30pm** This is an opportunity for young people to share their views around issues such as safety and the environmental challenges within the City.

Following on from the success of last year we have put together a day, which builds upon what you previously identified and how these ideas can be moved forward.

As part of the day, we will be hosting a Coventry talks session which is a chance for young people to hear from and interact with inspirational people from the city.  There will also be opportunities for young people to question leaders and decision makers.

We would be delighted if you can confirm your school’s attendance as quickly as possible, stating any dietary or any other additional requirements before the event. As spaces are limited, we can only accommodate X3 Pupils per school. Please confirm. Your attendance on the form provided and email: voices@coventry.gov.uk

Please note that we will be anticipating media coverage of the event and will require permission prior to the event for all those attending.

We look forward to seeing you at the event!



**Kind regards**

Participation Team

**Draft timetable**

|  |  |
| --- | --- |
| **Time** | **Activity** |
| **9:00-9:30**  | Arrival and Registration  |
| **9:30-10:00**  | Welcome and Introductions  |
| **10:00 –12:00**   | Workshops 1)***Safe Spaces*** – **what are they and how do we want them to look** (scenario) 2) ***Cov Talks*** – **Inspirational presentations**  3) ***Fake News*** – **Cov Connects**    |
| **12:00-12:45**  | Lunch  |
| **12:45-1:30**  | Panel Questions – To leaders and key decision makers   |
| **130**  | Close   |

**Pupil Parliament Reply slip.**

School/ Establishment **------------------------------------**

We will be attending.

We will not be attending.

(please tick appropriate box)

Names and ages of children/young people:

Name : .…..….…………………………. Age: ……..

Name : .…..….…………………………. Age: ……..

Name : .…..….…………………………. Age: ……..

Names of adults:

Name : .…..….………………………….

Name : .…..….………………………….

Name : .…..….………………………….

Please let us know if you have any special dietary requirements below:

……………………………………………

Please return this completed form to the Participation Service

voices@coventry.gov.uk