

# REGISTRATION FORM FOR DISTANCE LEARNING COURSES



## CONTACT INFORMATION

School name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Type of school (*i.e. Independent, Specialist, etc.*) \_\_\_\_\_ Size of 6th form \_\_\_\_\_

Head of 6th form (*if not the Link Teacher*) \_\_\_\_\_ Head of school \_\_\_\_\_

## LINK TEACHER(S)

1. Name \_\_\_\_\_ e-mail address \_\_\_\_\_ Tel no. \_\_\_\_\_

Tick box if staff member attended NT link teacher and technician training in June

2. Name \_\_\_\_\_ e-mail address \_\_\_\_\_ Tel no. \_\_\_\_\_

Tick box if staff member attended NT link teacher and technician training in June

3. Name \_\_\_\_\_ e-mail address \_\_\_\_\_ Tel no. \_\_\_\_\_

Tick box if staff member attended NT link teacher and technician training in June

## TECHNICIAN

1. Name \_\_\_\_\_ e-mail address \_\_\_\_\_ Tel no. \_\_\_\_\_

Tick box if staff member attended NT link teacher and technician training in June

Is your school part of a consortium or other partnership agreement?  Yes  No

If YES, does this affect your distance learning courses?

Please give details in the space on the right.



