

Towards Outstanding Practice

Application Form for Workshops

Workshop Title _____ Date _____

Delegate Names

1. _____ E-mail _____

2. _____ E-mail _____

3. _____ E-mail _____

4. _____ E-mail _____

(E-mail will be used for correspondence)

School Order No. _____ LA _____

School/ Organisation _____

Address _____

Tel. No. _____ Fax No. _____

Membership No. _____

For cost of workshops visit www.equals.co.uk or see flyer.

Please tick as appropriate:

Cheque enclosed (made payable to EQUALS)

Please invoice school

Signed _____

For further information please visit www.equals.co.uk or telephone the EQUALS office on 0191 272 1222.

**Please fax completed application forms to 0191 226 1919 or post to:
EQUALS, c/o Hadrian School, Newcastle upon Tyne NE15 6PY**