

Regional Training Unit On Leadership Registration Form

Please PRINT in BLOCK CAPITALS.

| | |
|-----------------------------|---|
| Your Details: | Teacher Ref Number: |
| Your Title (please circle) | Mr / Mrs / Ms / Miss / Dr / Prof / Fr / Br / Sr |
| Your First Name: | Your Surname: |
| Your Home Address: | |
| | |
| Postcode: | |
| Email: | |
| Your School Details: | DENI Ref #: |
| Name of School: | |
| School Address: | |
| | |
| Postcode: | |
| School Email: | |
| School Tel. Number: | Education & Library Board Area: |

Your Employment Category (please tick the appropriate box):

Teaching Principal

Non-teaching Principal

Signature: Date:

All forms should be returned to Debbie Duffy, Regional Training Unit,
Blacks Road, Belfast. BT10 0NB. (Fax: 02890 618123).

