



Southfields Teaching School Alliance Course / Programme Application Form			
Course / Programme Title: Shifting Teachers' Practice			
Name of participant:			
Please circle the correct referral:		<input type="checkbox"/> Self-referral <input type="checkbox"/> Head Teacher referral	
Home School :			
Number of years teaching:			
Subject area:			
Reason for referral:			
Signature of Head Teacher:			
By signing this application I am giving permission for the participant teacher named above to attend 6 twilight sessions starting at 4pm.			
Signature of participant:			
By signing this application I agree to attend all 6 sessions and give a commitment to the programme.			
		Please return to: Southfields Teaching School Alliance 333 Merton Road, London, SW18 5JU 020 8875 2600 david.whitfield@southfields.wandsworth.sch.uk	