**Churchdown School Teacher Taster Day Application Form** 

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| **NAME**: | **SUBJECT of interest**:  (If you are unsure, please email Trish Church: pac@churchdownschool.com) | **DEGREE TITLE**: |
| **ADDRESS**: | **PHONE NO**:  **EMAIL**: | **Date of Degree completion: mm/yy**  **DEGREE RESULT**: |

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| Have you been into any other schools for observation?  **Yes No** |
| What are you hoping to gain from this experience? |
| Have you already received an offer from an ITT provider, if so which one  **Yes No** Name of Institution **……………………………………………..**  **OR**  Are you considering an application in the future  **Yes No** Name of Institution **……………………………………………..** |
| Are you a parent/carer or related to any student currently at Churchdown School Academy?  If so, please specify…………………………………………………………………………………………………………. |

Please return form to [pac@churchdownschool.com](mailto:pac@churchdownschool.com)