**Churchdown School Teacher Taster Day Application Form** 

|  |  |  |
| --- | --- | --- |
| **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**: |

|  |
| --- |
| 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