

## **Application Form**

Name of school or college:					
We are a:	Primary School	Secondary School College			
	Special School	Alternative Provision			
	Other (specify)				

Fresh cohorts of schools and colleges start with each academic term. Which cohort would you like to join:

Sep	otember January April/May
School or college address:	
School or college website address:	
Which local authority do you fall under?	
• • • •	• • • • • • • • • • • • • • • • • • • •
Lead person for this project:	
Job role:	
Email address:	
Phone number:	



**Application Form** 

Second person that will attend	
starter training:	
Job role:	
Email address:	
••••	• • • • • • • • • • • • • • • • • • • •
Contact email for invoice if different from above:	
Purchase Order number:	
Headteacher signature:	
Date:	
• • • •	• • • • • • • • • • • • • • • • • • •

We agree to be contacted by the Rainbow Flag Award central admin and the local delivery organisation:

Yes:	
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## **Please return completed forms to:**

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www.rainbowflagaward.co.uk