

**CPR 4 Schools Workshop Teacher Nomination Form**

|  |  |  |
| --- | --- | --- |
| **Time** | **Date** | **Venue** |
| **7 – 9 pm** | **Monday 13th November 2017** | **Monaghan Education Centre** |

* Please complete the form indicating details of nominated teachers.

|  |  |
| --- | --- |
| **School Name** |  |
| **School Address** |  |
| **School Roll No.** |  |
| **School Phone No.** |  |
| **School e-mail Address** |  |

|  |  |  |
| --- | --- | --- |
| ***Details of Nominated Teachers*** | ***1.*** | ***2.*** |
| **Name** |  |  |
| **Mobile No** |  |  |
| **Email Address** |  |  |
| **Teaching Council Registration Number** |  |  |

**Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete and return this form to Monaghan Education Centre by post, fax or email.   
\*\*Places will be allocated on a first come first serve basis\*\***