

**Membership Application Form**

**School Information**

|  |  |
| --- | --- |
| Name of school |  |
| Phase  |  |
| Status |  |
| Number on roll |  |

**WCTSA School Contact**

Please provide details of a senior member of staff who will act as the lead contact for your school

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Email address |  |

**Participation, contribution and delivery**

Which of the following Teaching School Alliance priorities are you most interested in working with us on

|  |  |
| --- | --- |
| Initial Teacher Training |  |
| Research and Development |  |
| CPD including subject/specialist networks |  |
| Succession planning and leadership development |  |
| Specialist Leaders of Education |  |
| School to School Support |  |

Headteacher signature

Date

*Please return this form to:* *admin@wctsa.org*