



APPLICATION FOR INSTITUTIONAL MEMBERSHIP

Confidential

Please fill in each section in full using BLOCK CAPITALS and black ink

A. INSTITUTION'S DETAILS

Name

Description

(Association, Institution, School, College University, Department, Unit, Agency, etc)

Head of institution's title

(Mr, Mrs, Miss, Ms, Dr, Prof, etc)

Name

Position title

(CEO, Director, Chair, Manager, etc)

Address

Telephone

Fax

Email

Website address

B. DEMOGRAPHIC DETAILS

Number of teaching staff

(QTS qualified, lecturers, tutors, etc. plus those who are 'unqualified' but holding a teaching position)

Number of support staff

(Classroom assistants, technicians, librarians, governors/trustees etc.)

Number of administrative staff

(Secretaries, bursars, etc. Should include those engaged directly in supporting the organisation)

C. CONTACT DETAILS

Name of representative

(The person who is the point of contact between The College and your organisation. This person will receive the Journal, Newsletter, etc.)

F. DECLARATIONS

The College of Teachers is a responsible organisation. Data entered in this form will be shared with reputable third party organisations (such as government agencies) for purposes such as academic research. Your details will never be shared with commercial groups or for financial profit without your express prior permission. The way we treat your data will at all times conform to the provisions of the Data Protection Act 1998.

Please tick here to signify your acceptance of the above

Institutional membership is retained on an annual fee payable from the first of the month when the membership is approved. Institutional members can apply to become a College of Teachers' Centre where some or all of their continuing professional development courses are accredited by The College. An institutional member of The College can carry The College badge-banner which **MUST** appear in accordance with The College's policy. Institutional members **MUST** gain authorisation from The College before using the badge-banner. You may not alter the badge-banner or associated text in any way. Original artwork will be provided by The College upon request.

I declare that the statements made in my application are correct and I agree to abide by the Code of Practice of The College of Teachers. I understand that membership could be rescinded if information is found to be false or misleading.

PLEASE RETURN THIS FORM TO THE MEMBERSHIP OFFICER AT THE ADDRESS BELOW:

Mr Arthur Reed, Membership Officer
The College of Teachers
at Institute of Education
20 Bedford Way
London
WC1H 0AL