



**Leading for Excellence in Science**  
 16<sup>th</sup>-19<sup>th</sup> March 2009 (with a two day recall in June)  
 Crieff Hydro



Surname	Title
First name(s)	I am a: Teacher <input type="checkbox"/> PT <input type="checkbox"/> Head of Faculty <input type="checkbox"/> Head of Science <input type="checkbox"/> Other (please state)
Telephone	E-mail ( <i>Please print clearly</i> )
School/college mailing address	Home Address
Post code	Post code
Address for invoice (if different from above)	Local Education Authority

Postcode

Brief statement of recommendation from your senior manager [school or local authority]. (append or continue overleaf as necessary)

Name:

Position:

Email address:

What will attendance on the course achieve (a) for you personally (b) for your school/department? [max 100 words] (append or continue overleaf as necessary)

Do you have any special dietary requirements?

If yes, please indicate nature of requirements here

YES / NO(circle as appropriate)

Hotel Accommodation: Smoking

Non-smoking

Special Access requirements:

If my application is accepted I agree to attend both parts of this course and undertake a gap-task.

Signed

Date

**Please return this form by 21<sup>st</sup> February 2009 to:**

Sheila MacLellan, SSERC, 2 Pitreavie Court, Dunfermline, KY11 8UB. Email:  
[sheila.maclellan@sserc.org.uk](mailto:sheila.maclellan@sserc.org.uk)