

Application Form

Name of school or c	ollege:	
We are a: Prin	nary School Secondary School College	
Spe	cial School Alternative Provision	
Other (s _l	pecify)	
Fresh cohorts of schools and colleges start with each academic term. Which cohort would you like to join:		
Sep	tember 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:	
5	
Date:	
• • • •	• • • • • • • • • • • • • • • • • • • •
We agree to be cont	acted by the Rainbow Flag Award central admin and the local
delivery organisation	on:
	Yes:
	res.
	Please return completed forms to:
	•