



APPLICATION FORM

PRIMARY DEBATING COMPETITION 2019-2020

School Name: _____

School Address: _____

Email Address: _____

School Phone No: _____

School Roll No: _____

Principal Name: _____

(1) Name of teacher(s) interested in Primary Debating : _____

Class: _____

Mobile no: _____ Teaching Council No: _____

2) Name of teacher(s) interested in Primary Debating : _____

Class: _____

Mobile no: _____ Teaching Council No: _____

Principals signature: _____ Date: _____

Please tick if you would like to avail of a training/information workshop on organising a debate with your class.

**Please return application form to: Sligo Education Centre on or before
Friday 18th October 2019.**

The information collected on this application form will be used solely for the purpose for which it is collected.