











ASSOCIATE SCHOOLS PROGRAMME

EXPRESSION OF INTEREST

School	
Postal address	

Details of the member of staff who will act as main contact:

Name	
Job role	
Email	
Tel:	
Mob:	
Name of your Lead Associate School	

We are delighted that you are interested in joining the Associate Schools programme.

By becoming an Associate School, you will join a regional and national network of schools and theatres committed to transforming experiences of Shakespeare and live theatre for young people.

We want to build a local community of schools to share practice, pedagogy and performance. We are looking for schools with at least two teachers that will lead the programme in their school, have senior management and governor support and will be committed to engage fully for a minimum of two years.

Please complete the questions overleaf.













Please tell us how	w the Associate	Schools progra	mme aligns	with you
school's current	olans and future	e ambitions.	Ĭ	

Which teachers would lead the work in your school?

How would becoming an Associate School benefit these teachers and what might they contribute?

Head Teacher's statement of commitment. Please include how you think the programme could benefit your school, which aspect of the programme interests you the most and the school's capacity to release staff and students to participate in the project.

Please return this form to: