Peer Learning Network
Registration Form

SCHOOLS

General Information:
Name: ____________________________________________________________
Location/Address: ________________________________________________
District: ________________________________________________________
Head Teacher name: ______________________________________________
Telephone contact: ________________________________________________
Type of school: Primary Secondary (S1-S4) Secondary (O/A level)
Circle one: Government private

Size
Students (# girls, # boys; # boarders): ________________________________
Teachers (male/female) _____________________________________________
Number of students per class: _______________________________________ 

Exposure to Good Schools Toolkit (GST)
Have you heard about Raising Voices? If so, how did you hear about Raising Voices?
________________________________________________________________

Have you heard about the Good Schools Toolkit? If so, which statement most accurately describes your exposure to the GST:
• I have heard of it, but we have never used it
• We are planning on using it, but have not started
• We have begun implementing the GST
  - we are on step 1 2 3 4 5 6 (please circle one)
  - initiated implementation: ______________
• We have completed all steps of the Good School Toolkit
  - initiated implementation:
  - Period when you completed implementation:
Others (please describe): ____________________________________________
Communication access/methods:
Which forms of communication are best for contacting you?

1. Paper mail (postage)
2. Email
3. Whatsapp
4. Skype
5. Phone

Who is the primary contact person? (Please provide their names and contact information):
__________________________________________________________________________________

Alternative contacts we can use to reach you?
__________________________________________________________________________________

What internet presence do you have?
_ We do not have any online platforms
_ Website
_ Twitter
_ Facebook
_ WhatsApp group
_ Other:___________________________________________________________________________

Participation in PLN
What are your expectations for joining the network?
__________________________________________________________________________________
__________________________________________________________________________________

What support do you feel that you need from the network?
__________________________________________________________________________________
__________________________________________________________________________________
What resources can you commit to the network?

- People
- Time
- Others

Additional information

Does your school have a discipline policy? _____ if yes, what does it say about the use of corporal punishment?

__________________________________________________________________________________

__________________________________________________________________________________

Thank you for your time and welcome to the Peer Learning Network!