

# 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):

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Alternative contacts we can use to reach you?

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### What internet presence do you have?

We do not have any online platforms

Website

Twitter

Facebook

Whats App group

Other: \_\_\_\_\_

Participation in PLN

What are your expectations for joining the network?

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What support do you feel that you need from the network?

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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?

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