Peer Learning Network Registration Form

ORGANIZATIONS

General/Contact Info: Name of organization: Location/physical address: District: Organization Email: Telephone contact(s): Website: Who is the primary contact person? Please provide their title & contact information: Additional staff contacts: please provide information for 5-10 additional staff.

Communication access / methods Which is the best form(s) for communication with you? 1. Paper mail (postage)

- 2. Email
- 3. Phone
- 4. Whatsapp
- 5. Skype

What internet presence do you have?

- 1. Website
- 2. Twitter
- 3. Facebook
- 4. Others

Organizational profile

How many staff do you have in your organization?

Which of the following terms best describes your organization?

- CBO
- NGO
- International NGO
- Academic institution
- UN agency
- Government agency/ministry
- Donor
- Other_____

What is your organization's mission statement?
What is your organization's main area (s) of focus?
Exposure to Good Schools Toolkit
How would you most accurately describe your relationship with the Raising Voices?
Have you heard of or worked with the Good School Toolkit? If yes, please explain.
Participation in PLN What are your expectations for joining the network?
What support do you feel that you need from the network?
Contribution to the Network?
How will you contribute to the Peer Learning Network?
Sharing resources/information
Networking
• Mentoring
Learning new skills & sharing them with others
Writing/contributing to publications
Hosting PLN events
• People
• Time
Others (nlease explain)

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