**School Leader Form for Registration of BDTA Courses**

This form is for school leaders to compile names of teachers who either volunteered or are nominated for BDTA courses. **Please complete this form and fax to BDTA at least 2 weeks before the course commences.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of School** |  | | | | | | | |
| **Cluster (Please circle)** | 1 / 2 / 3 / 4 / 5 / 6 | | | | | | | |
| **School Contact Number** |  | | | **School Fax Number** | | |  | |
| **School Email Address** |  | | | | | | | |
| **Course Title** |  | | | | | | | |
| **Name of Teachers** | | **I.C. Number** | **Subject(s) Taught** | | **Year Group** | **Email** | | **Contact Number** |
| 1. | |  |  | |  |  | |  |
| 2. | |  |  | |  |  | |  |
| 3. | |  |  | |  |  | |  |
| 4. | |  |  | |  |  | |  |
| 5. | |  |  | |  |  | |  |
| 6. | |  |  | |  |  | |  |
| 7. | |  |  | |  |  | |  |
| 8. | |  |  | |  |  | |  |
| 9. | |  |  | |  |  | |  |
| 10. | |  |  | |  |  | |  |

Note: Please add additional name of teachers on separate sheet (if required)

**Principal’s/ Headmaster’s**

**/ Headmistress’ Signature and School Stamp**

Phone/Fax : **2222040**  Website: **http://bdta.moe.gov.bn**

Whatsapp: **+673 8373040** Email: **admin@bdta.moe.gov.bn**