**East of England Tomorrow’s Teachers Faculty**

**Application for Membership**

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| **Name:** |  |
| **Grade:** |  |
| **Specialty:** |  |
| **Trust/Organisation:** |  |
| **Contact Email:** |  |
| **Contact Phone Number:**  |  |
| **Please state in no more than 100 words why you wish to be considered for the programme and how it will benefit you:** |  |
| **Date of Tomorrow’s Teachers Course you attended:** |  |
| **Names of your facilitators at the Course:** |  |

Please send completed applications to- HEEE.TTEoEFaculty@nhs.net

For an online copy of this form- <https://heeoe.hee.nhs.uk/Tomorrows_Teachers>