To : Mr John SUEN, Life-wide Learning Section, EDB

Fax No. : **2892 6428**

**Students as Learning Experience Designers**

**“Student-LED” Network**

**Membership Form**

🞎 We would like to join the new “**Student-LED” Network**.

**Contact Person of the Network:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Post | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact No. | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Teacher Members[[1]](#footnote-1):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Post | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact No. | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Post | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact No. | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Post | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact No. | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| School Chop | Name of School | : |  |
|  | Telephone | : |  |
|  | Name of School Principal | : |  |
|  | Signature of School Principal | : |  |
|  | Date | : |  |

1. If school wishes to nominate more than three teachers, please complete more than one Membership Form. [↑](#footnote-ref-1)