



# ASPnet

## APPLICATION FOR PARTICIPATION

**Documentation : language preferred (please check)**

English     
  French     
  Spanish     
  Arabic

### PLEASE TYPE OR PRINT CLEARLY

**Name of institution:** .....

**Address : Street :** ..... **No:** .....

**Postal code:** ..... **City:** .....

**Country:** .....

**Telephone No:** .....

**Fax No:** .....

**Email:** .....

**Type of institution:** .....  
*(Specify: Pre-school, Primary, Secondary, Teacher-Training institution, Technical/Vocational)*

**Name of Principal :** .....  
*(Specify: Mr, Mrs, Ms followed by name and surname)*

**Name and position of person who will co-ordinate the project :** .....  
*(Specify: Mr, Mrs, Ms followed by name and surname)*

.....

**Number of pupils in the institution:** .....

**Age range:** .....

**Number of teachers :** .....

**Outline of the way the Project will be implemented in the institution :**

*(please use extra sheets, if necessary)*.....

**Objectives of the Project :**.....

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**Description of the Project :**

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.....

**Project implementation (e.g. integration into existing course, a specially designed course or extracurricular activity):**

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**Type of materials to be used:**.....

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**Is there any type of evaluation foreseen to examine the effects of the Project on students’ comprehension and attitudes.**

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On behalf of my institution, I apply for the participation in the UNESCO Associated Schools Project Network and give the assurance that this institution will make an active contribution to ASPnet, as outlined above, for a minimum period of two years. At the end of every year, I shall submit a report of the Project to the ASPnet National Co-ordinator of my country.

.....  
**Date**

.....  
**Signature of Principal**