



**APPLICATION FORM FOR SUPPORT FROM NAFAS TO TEACH
LEISURE CLASSES**

Name of Teacher:

Address:

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Telephone No:

Email address:

Area of NAFAS:

Location of class:

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Mode of delivery e.g. 2 hour sessions, two 6 hour sessions:

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(Please note that to gain support the class should be a minimum of 12 contact hours. It would be beneficial if, 50% of the students were non-NAFAS)

Length of class:

Will you require advice from another teacher nominated by NAFAS? YES/NO
(If yes, the teacher will contact you directly)

PTO

This application must be supported by **TWO** signatures -

1) Area Chairman:

.....

Date:

2) Area Education Representative:

.....

Date:

Please sign and date this application:

Signed:

Date: