



**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: .....

.....

.....

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

.....

(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

Please return this application form to your Area Chairman or Area Education Representative for approval:

Area Chairman:

Area Education Representative:

Please sign and date this application:

Signed: .....

Date: .....