



In School Training Programme Enquiry

(Print and Post to Brain and Behaviour Institute, Suite 21, Galway Clinic, Doughiska, Galway)

School Name:.....

School Address.....

Number of teachers interested (approx.):.....

Contact Person:.....

School Telephone Number:.....

School email address:.....

Suggest three suitable dates for the In- House Training Programme

(1)..... (2) (3).....