**Secondary School Visit Expression of Interest Form**

Please complete the following form and email to Caitriona.tyndall@tyndall.ie & alida.zauers@tyndall.ie

**TEACHER’S NAME:**

**MAIN CONTACT NUMBER:**

**MAIN CONTACT EMAIL:**

**SCHOOL NAME:**

**SCHOOL ADDRESS:**

**SCHOOL TYPE (PLEASE CIRCLE):** MIXED / ALL GIRLS / ALL BOYS

**YEAR GROUP (PLEASE CIRLCE):** 1ST / 2ND / 3RD / 4TH / 5TH / 6TH

**NUMBER OF STUDENTS:**

**PREFERRED MONTH (PLEASE CIRCLE):** JAN/FEB/MAR/APR/MAY/JUN/SEP/OCT/NOV/DEC

**PREFERRED TIME (PLEASE CIRLCE):** MORNING / AFTERNOON

**ACTIVITY (PLEASE TICK):**

 Career Talk [ ]

 Other [ ]

**AUDIO VISUAL EQUIPMENT AVAILABLE (PLEASE TICK):**

 Laptop/Desktop computer with PowerPoint [ ]

LCD Projector [ ]