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For Office Use: Introduced by: Date: Links to other Tutors

IMAGINEERING CLUB TUTOR APPLICATION FORM

Doc Ref: ApfmTut

Name: _____

Organisation: _____

Your Address (Home/Work):

Postcode: _____

Tel: _____ Mobile: _____ Fax: _____

Email: _____ CRB Form/Clearance No. _____

Background Information / Experience:

Why do you want to become an Imagineering tutor?

Comments (availability etc.)

Please let us know the convenient areas in which you would prefer to work. It can be difficult to match schools and tutors exactly, so we would appreciate as much flexibility as you can give us.

either a radius of _____ miles centred around _____

or by neighbourhoods _____

The above information will be held on a database with restricted access for use only in connection with Imagineering Foundation related activities.

Signed _____ Date _____