

Certification of PSHE Teachers

Name: _____

Position: _____

School: _____

I would like to attend the introductory twilight conference on the following date (please tick relevant box):

**Thursday 22nd April 2004
Norwich PDC
4.30pm – 6.00pm**

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**Thursday 29th April 2004
West Norfolk PDC
4.30pm – 6.00pm**

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Please return, before Wednesday 31st March, to:

**Cindy Burton
Norfolk Education Advisory Services
Woodside Road
Norwich, NR7 9QL
Fax: 01603 700236**