
LEARNING LINKS

MENTORING, POCKET AND RECIPROCAL PLACEMENTS

EXPRESSION OF INTEREST FORM ROUND 3

Use this form to register your interest in being part of the Learning Links programme, Round 3.

Please email your completed form to
learninglinks@mla.gov.uk
by 12 Noon on 29 May 2010

How to fill out this form

This PDF form can be completed electronically on your computer by opening the PDF in Adobe Acrobat Reader (this is a standard programme and can be found on all computers). To fill the required fields click on the text field and enter your response, or click a tick box.

Once completed, please save a copy of the entire document for your own records.

If you would like to download the latest version of Acrobat Reader, follow the link below
<http://get.adobe.com/uk/reader/>

How to return this form

- 1 Please e-mail completed form to: learninglinks@mla.gov.uk
- 2 Completed forms should be returned no later than 12pm on Thursday 29 May 2010

If you have any problems using this form, please email:
learninglinks@mla.gov.uk

LEARNING LINKS

EXPRESSION OF INTEREST FORM ROUND 3

1 – WHO ARE YOU?

Name of Organisation	
Contact Name	Job Title
Address	Email
	Telephone
	Postcode

We are a:

- Museum
 Archive
 School
 Early Years Centre
 Training Provider
 Childrens Service

Other

2 – WHERE ARE YOU?

Region:

- NE
 NW
 Y
 EM
 WM
 EoE
 SE
 SW
 London

2B – WHAT ARE YOU INTERESTED IN?

If you are a museum or archive, what audience would you like to know more about working with?

- Early Years
 Primary
 Secondary
 14-19 (Please go to question 2c)
 SEN*
 NEETS*
 Families
 Other

*SEN - Special educational needs *NEETS - Not in employment, education or training

2C – IF YOU TICKED 14-19, ARE YOU INTERESTED IN EXPLORING HOW MUSEUMS AND ARCHIVES CAN SUPPORT THE FOLLOWING AREAS OF LEARNING?

- GCSE / BTEC
 Diplomas
 Foundation Learning

2D - WHAT THEME WOULD YOU LIKE TO EXPLORE THROUGH MUSEUM OR ARCHIVE COLLECTIONS?

- Citizenship, locality & identity
 Literacy
 Inclusion

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**3 – WHO DO YOU WANT TO HAVE A LEARNING LINKS PLACEMENT WITH?
I KNOW (GO TO 3A)
I DON'T KNOW (GO TO 3B)**

3A

Name of Organisation

Contact Name

Has this organisation agreed to work with you?

Yes No Have not contacted yet

3B

What type of organisation would you like to work with?

Museum Archive School
 Early Years Centre Training Provider Childrens Service

Other

4 – WHAT TYPE OF LEARNING LINKS PLACEMENT WOULD YOU LIKE TO DO?

See Learning Links briefing sheets for more information: www.mla.gov.uk

What type of Learning Links Placement would you like to do?

Pocket – up to 3 days Reciprocal – up to 5 days

Do you want 2 additional days support with a mentor museum or archive?

Yes (Go to 4A) No I would like to be a mentor to another museum / archive

4A – DO YOU HAVE A MENTORING PARTNER IN MIND?

Yes No

If, Yes who?

Name of Organisation

Contact Name

Has this person / organisation agreed to be a mentor partner?

Yes No