



# CHANGE TEACHER'S REGISTRATION



Use this form to register your class for CHANGE. By letting us know you are participating, we can help arrange a refugee to visit your class and we will help you in evaluating the impact that CHANGE is having for your students.

General data:

**Country**

**City**

**School**

**Teacher's Name (Firstname)**

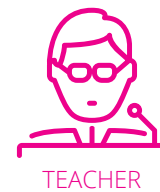
**Lastname**

**Teacher's Email**

**Number of classes**



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First class:

## School type (I)

Secondary school     Professional training school    Other \_\_\_\_\_

## School type (II)

Public school     Church school     Private school (other than Church)

### Number of Male Students

### Number of Female Students

### Number of Students

### Are any of your students refugees/migrants ?

Yes     No     Not sure

### Number of migrants/refugees

### Percentage of migrants / refugees

### Age of students

11-12     12-13     13-14     14-15  
 15-16     16-17     17-18     18-19

### Subject you will teach the CHANGE course in

Religion     Language     Ethics  
 Social Science     Other \_\_\_\_\_

### Language of your students

EN     ES     FR     HR     HU     IT     NL     PT     EUSK  
 Others \_\_\_\_\_