

Registration Form for **FREE** Teacher and Student Packs:

School Name:	
School Address:	
School Phone:	
Contact Person:	
Contact Phone:	

I would like to receive my
FREE Choose Safety Pack:

In English

As Gaeilge

I give my consent for these contact details to be shared with _____ (*Choose Safety Co-Ordinator*), the relevant staff of _____ Education Centre, Kilkenny Education Centre and the Health and Safety Authority for the purposes of supporting implementation of the Choose Safety Programme and for statistical and reporting purposes.

Please indicate your Local Education Centre:

Athlone		Dublin West		Monaghan	
Blackrock		Galway		Navan	
Carrick-on-Shannon		Kildare		Sligo	
Clare		Kilkenny		Tralee	
Cork		Laois		Waterford	
Donegal		Limerick		West Cork	
Drumcondra		Mayo		Wexford	

Return completed Form to:



Post: Kilkenny Education Centre,
Seville Lodge,
Callan Road,
Kilkenny.

or

Email: choosesafety@eckilkenny.ie