**COMMONWEALTH EDUCATION GOOD PRACTICE AWARDS 2015**

**APPLICATION FORM** - Please complete the form in full

1. Country:

2. Title of Project:

3. Project Leader:

4. Position:

5. Contact Person:

6. Position:

7. Organisation Name:

8. Address:

9. Telephone Number:

10. Fax Number:

11. E-mail Address:

12. Size of Organisation: Please include numbers where appropriate.
   **Date of establishment:** dd/mm/yyyy
   
<table>
<thead>
<tr>
<th>Students:</th>
<th>Teachers:</th>
<th>Staff:</th>
<th>Community:</th>
<th>Other:</th>
</tr>
</thead>
</table>

13. Size of Beneficiary: Please include numbers where appropriate.
   
<table>
<thead>
<tr>
<th>Students:</th>
<th>Teachers:</th>
<th>Staff:</th>
<th>Community:</th>
<th>Other:</th>
</tr>
</thead>
</table>

14. Number of People Participating: Please include numbers where appropriate.
   
<table>
<thead>
<tr>
<th>Students:</th>
<th>Teachers:</th>
<th>Staff:</th>
<th>Community:</th>
<th>Other:</th>
</tr>
</thead>
</table>

15. Action Area(s) addressed in submission:


16. Executive Summary (50 words maximum):
Please include the aims and objectives of the Good Practice.

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17. Project Description (500 words maximum):
Please include the background to the Good Practice, who was involved, what was done and what the results have been. Also include the budget involved, the source of funding and expenditure details.

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Project Description (cont.)
18. Please state how the Good Practice meets each of the criteria of the Awards (total 1,200 words maximum):
Please read the 'Criteria for the Awards' document before completing this section.

Relevance:

Measurable Impact and Effect:

Sustainability:

Efficiency and Effectiveness:

Community Participation and Contribution:
19. Name at least two lessons learnt:

20. Name at least two challenges:

21. How did you overcome the challenges?

22. Additional information in support of your application:

Authorising
Signature: __________________________ Date: dd/mm/yyyy
(Head of Organisation)

(THE FORM MUST BE FULLY COMPLETED BEFORE SUBMISSION)