GCSE Vocab Trainer grant application (UK schools)

Part A: School information

initiate it.



Please use this form to apply for free Suburani digital accounts for January – May 2025.

Teacher name:								
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Teacher email a *Please ensure t			ddress rather th					
School name:								
School address:								
Part B: Schoo	l funding	g confirma	ntion					
Please tick the appropriate statement:								
A) We are a state maintained/funded school:								
B) We are an independent/private school, which charges less than £10,000 per annum:								
Part C: How r	nany use	er account	s would you	ı like?				
A) Number of t	eacher ac	counts requ	uired:					
B) Number of s	tudent ac	counts requ	uired:					
Part D: Sign a	ınd retui	'n						
Name:					Role:			
Signed:					Date:			
Send the compl completed form			@hands-up-e	ducation.or	g (a scar	ı, photo, Wo	ord doc, or I	PDF of the
Alternatively, po		copy to us	at Hands Up I	Education, 1	33-134 I	Bradley Roa	d, Little Thւ	ırlow,

Once we receive your completed form, we'll set up your school account and email you with details of how to