**For Registration:**

Please fill in the form below and send your responses to **ahdr@ahdr.info** by providing the following information by 17 November 2020:

* Name and surname: …………………………………….……………………...
* Age:  …………………………………………………………………………..
* Town/city: …………………………………………………………………….
* School name: ………...………………………………………………………..
* Subject/Branch: ………………………………………………………………..
* Phone number: ………………………….……………………………………...
* Email: ………………………………………………………………………….
* English Language Level:    
  Speaking:                       Advanced                Intermediate               Beginner

Listening:                       Advanced                Intermediate               Beginner

Reading:                        Advanced                Intermediate               Beginner

* Tick the box if you would like to participate in our consultation meetings with educational stakeholders to revise our Policy Paper on History Education.

                                    Yes

                    No

**The Zoom link and the detailed schedule of the training will be provided upon approval of the registration.**