

## 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](mailto:choosesafety@eckilkenny.ie)