



Trial Registration Form

Name of school

Roll number

(5 letters and a number e.g. 12345a)

Name of principal

Name of lead teacher

Participating class(es)

School contact

Phone number

Email

Name of trial

Briefly explain below the question or issue being addressed by the students:

I confirm that I have read all of the supporting documentation made available by the HRB-TMRN and that I am aware of the above mentioned class(es) or schools participation in this competition.

Signed

School Principal

Please check this box if you are willing to receive information about research evaluating the START initiative. This will help us understand the impact of this initiative.

