



Brain-Based School Certification Program Application Form

Our school/organization/center intend to apply for Brain-Based School Accreditation, the level selected is: (Please)

- Brain-Awareness Level Certification (Bronze Award)
- Brain-Friendly Level Certification (Silver Award)
- Brain-Based Level Certification (Gold Award)

Details of Staff Development, Training and Implementation on Brain-Based Teaching / Education previously attended:

Trainings and Implementation	Total no. of days	School year	Principal trainer
Initial / Follow-up / Skills Training / Consolidation on Brain-Based Teaching / Education for all teaching staffs			
Lesson Observations & Support for Teachers / Administrators			
Others: (Please specify)			

Name of school/organization/center:

Address: _____

School/organization/center's telephone no.: _____

Number of teaching staffs: _____ Approximate number of students: _____

Name of Principal/CEO: _____ (Dr/Mr/Ms/Rev/Sr/___)

Contact person: _____ Rank/Position: _____

Contact mobile phone no.: _____ Email address: _____

Principal/CEO's signature: _____ Date: _____

School/Organization/Ce
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