



SCHOOL REPRESENTATIVE PRO-FORMA

At a meeting of members of the INTO in:

SCHOOL: _____

SCHOOL REFERENCE No: _____

ADDRESS: _____

HELD ON: _____ (Date)

The following member was elected to the position indicated for the
academic year _____

INTO SCHOOL REPRESENTATIVE:

NAME: _____

TRN: _____

EMAIL*: _____

MOBILE*: _____

*(*Required Field – to ensure effective communication from Northern Office)*

Please return this form to INTO Northern Office as soon as possible

**INTO Northern Office
23-24 College Gardens
Belfast
BT9 6BS**