



SCHOOL REPRESENTATIVE PRO-FORMA

At a meeting of members of the INTO in:

SCHOOL NAME: _____

SCHOOL REFERENCE No: _____

ADDRESS: _____

HELD ON: _____ (Date)

The following member was **elected / re-elected**** to the position of INTO School Representative: ***Please delete as appropriate*

NAME: _____

TRN: _____

EMAIL*: _____

MOBILE No.*: _____

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

**Please return this form to INTO Northern Office
as soon as possible via:**

- Email (infoni@into.ie)
- Post
- Electronically (scan the QR Code)



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We refer you to the INTO Data Privacy Policy ('**Privacy Policy**'). This Privacy Policy explains how the INTO processes personal data in accordance with the Data Protection Acts 1988-2018 and the General Data Protection Regulation ('**Data Protection Law**'). This privacy policy may be amended and updated from time to time and can be accessed on the INTO website at www.into.ie/NI

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