



PARTNERSHIPS FOR LEARNING

| Please let us know if there are any programs/projects/events that we could engage in partnership with you or your organisation. | | | | |
|---|--------------|----------------|---------------|--|
| Individual/Organisation Name | Contact Name | Contact Number | Email Contact | |
| Description of Program/Project/Event that we could engage with you or your organisation. | | | When? | |
| | | | Where? | |
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