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| --- | --- | --- | --- |
| TGA full name |  | TGA initials |  |
| Are you a member of SARG? (Y/N) |  | Subject/Programme |  |
| Number of current members  |  | Website address |  |
| Number of Communities of Practice/Branches |  | Nominated Education Centre |  |
| No of members in the National Executive |  | Planned number of YEARLY meetings  |  | Date of most recent AGM |  |
|  | **Chairperson** | **Secretary** | **Treasurer** |
| Name |  |  |  |
| Email |  |  |  |
| Teaching Council Number |  |  |  |
| Designated TPN Contact person (CPD Coordinator) |  |
| Address |  |
|  |  |
|  |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Teaching Council Number |  |

**Other National Executive Members:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Email | Teaching Council No. |
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**This form was filled by (*name*) on (*date*)** .