

## **Masters Scholarship Programme Headteacher Undertaking \***

I \_\_\_\_\_

On behalf of \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

agree to

1. support \_\_\_\_\_ in their application to the Culham St Gabriel's Masters scholarship programme

and

2. to release \_\_\_\_\_ for three days per annum for the next two academic years during term time to undertake their Masters study.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Please confirm that you have emailed the applicant to say you have completed this form. The applicant requires this information to complete their application. Yes      No

This form can be completed electronically with an electronic signature and emailed to  
[fiona@cstg.org.uk](mailto:fiona@cstg.org.uk)

*\*If you work in more than one school you must have the agreement of all headteachers. They will each need to complete a form. If you lead and teach RE across a MAT or cluster of schools you must have the signed agreement of your MAT lead, Executive Head or Principal as appropriate.*