

**Assessment Innovation Fund: Expression of interest form**

## Applicant information

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| **Lead contact name:**  |              |
| **Position:** |            |
| **Contact details:** | Email:  |               |
|  | Telephone number: |            |
| **School/organisation name:** |             |
| **URN (if applicable):** |            |
| **Address:**  |            |
| **Website:**  |            |
| **Further details if applying in partnership:** |            |
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## Description of your assessment system (250 words maximum)

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| **Please briefly set out the details of your system and how it works. Please consult the criteria in the reference document.**           |