

**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.** |