



Salisbury
Primary School

Salisbury Primary School

Salisbury Street
Darlaston,
Walsall
WS10 8BQ

Headteacher: Mrs D. Steen

Deputy Head: Mr S. Forsyth

Telephone: 0121 6674066

E-mail: postbox@salisbury.walsall.sch.uk

Tuesday 1st October

Dear Parents/Carers,

I am delighted to tell you that your child has been selected to take part in an exclusive education program led by Toastmasters. Details of this program are found below:

Toastmasters are a non-profit international organisation for public speaking. Toastmasters have launched a youth leadership program which is suitable for any child under the age of 18 to aid the development of communication and leadership skills.

The 10-week program will help your child to:

- Overcome nervousness
- Organise and present ideas logically and convincingly
- Listen carefully to others ideas
- Participate in and lead group discussions or meetings
- Offer advice to help others improve their speaking and leadership skills

Through the 10-week program your child will learn to write and deliver speeches, learn how to speak impromptu, listen carefully and provide effective feedback through evaluations. Within the program, other skills are also incorporated such as body language, vocal variety, good language and grammar. These skills are invaluable and will enable the child to use what they have learnt in all aspects of their lives.

We take pride in teaching the younger generation public speaking skills and hope you can encourage your child to participate in this program during school hours.

Toastmasters Youth Leadership Program will take place every Tuesday from 11:00am to 12:30pm. The first session will begin on Tuesday 8th October through to 10th December.

Please complete the permission slip below and return to the school by **Friday 4th October**.

I am sure you will agree that this is a fantastic and exciting opportunity for your child, and we look forward to them taking part in this project.

Yours sincerely,

Mrs Bayley





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TOASTMASTERS Y5/6

Please return to Mrs Bayley by Friday 4th October.

I (Parent/Carer) _____ give
permission for _____ to participate in the 8 week
Toastmasters Youth Leadership program.

Parent/Carer signature: _____

