

**Further Education Mental Health Award Contract Form**

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| **Name:** |  |
| **Name of College:** |  |
| **Address:** |  |
| **Phase of Education:** |  |
| **College Type:****Ie 6th Form / F** |  |
| **Email Address:** |  |
| **Twitter Account:** |  |

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| **Identified college lead and main contact for the Mental Health Award** |
| **Name:** |  |
| **College Role:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |

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| **Please sign below to confirm that you are applying for the FE Mental Health Award and will complete within 12 months (electronic signature allowed). An invoice will be sent for the value of £350 + VAT in the following weeks and is non-refundable. Please note from the 16/9/19 the cost is being increased to £395+VAT** |
| **Name of Principal**  |  |
| **Principal Signature:** |  |
| **Name of Chair of Governor:** |  |
| **Please confirm CoG is aware that the college is applying for the award** |  |