**Boarding School Mental Health Award Contract Form**

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| **Name:** |  |
| **Name of School** |  |
| **Address:** |  |
| **Phase of Education:** |  |
| **School Type:** |  |
| **Email Address:** |  |
| **Twitter Account:** |  |

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

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| **Please sign below to confirm that you are applying for the School Mental Health Award and will complete within 12 months (electronic signature allowed** |
| **Name of Headteacher:** |  |
| **Headteacher Signature:** |  |

Please return completed form to schoolmh@leedsbeckett.ac.uk