**School Mental Health Award Contract Form**

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

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

|  |  |
| --- | --- |
| **Please sign below to confirm that you are applying for the School Mental Health Award and will complete within 12 months (electronic signature allowed). By signing this booking form you are agreeing to pay £350 + VAT (OR £395 + VAT) from 16/9/19** | |
| **Name of Headteacher:** |  |
| **Headteacher Signature:** |  |
| **Name of Chair of Governor:** |  |
| **Please confirm CoG is aware that the school is applying for the award** |  |

Please return completed form to [schoolmh@leedsbeckett.ac.uk](mailto:schoolmh@leedsbeckett.ac.uk)