**Boarding 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) and that you are authorising the cost of £350+ VAT to be invoiced (please note from the 16th September 2019 there is a cost increase to £395+VAT** | |
| **Name of Headteacher:** |  |
| **Headteacher Signature:** |  |

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