

**NIES SUPPORT SERVICES (EAL)**

**SLA - ADDITIONAL DAYS REQUEST**

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| **School Requiring Support:** | **School telephone no:** |
| This is to request EAL Support. I confirm that I have requested\_\_\_\_\_\_\_ day(s) 1 day = 5 hours  At a rate of £420 a day. This includes all work related to any request made - report writing/planning and preparation time - travel time is excluded.  **Total cost:**  **Head Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **School budget code (for internal transfer) or invoice (if Academy)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Additional days can only be purchased subject to there being capacity available within the service.**  **On receipt of your request a member of the team will contact you to:**   * **confirm if your request can be fulfilled.** * **discuss your requirements.** | |
| **SUBMISSION:**  **RETURN YOUR COMPLETED FORM TO THE SERVICE YOU REQUIRE:**  **BY EMAIL TO:**   * [**eal@northumberland.gov.uk**](mailto:eal@northumberland.gov.uk)   **BY POST TO: EAL**  **NORTHUMBERLAND INCLUSIVE EDUCATION SERVICES**  **RIVERSIDE CENTRE**  **ARMSTRONG WAY**  **ASHINGTON**  **NORTHUMBERLAND**  **NE63 0YD** | |