**Shropshire Neurodiversity Practitioners**

**Package request form**

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| --- | --- |
| **Educational Setting:** |  |
| **Headteacher:** |  |
| **School Business Manager:** |  |
| **School Business Manager Email:** |  |
| **Date:** |  |

**Please tick the relevant box for your required package:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Sessions** | **Cost** | **✓** |
| **Package A**  Three coaching sessions | 3 | £300 |  |
| **Package B**  Three coaching sessions and two CPD sessions | 5 | £500 |  |
| **Package C**  Three coaching sessions and three individual casework | 12 | £1000 |  |
| **Package D**  Three coaching sessions, two CPD sessions and three individual casework | 14 | £1200 |  |
| **Package E**  Bespoke package agreed with school / setting | Bespoke packages are priced individually | |  |

|  |  |
| --- | --- |
| **Bespoke package agreed with:** |  |
| **Details of bespoke package:** |  |

**Please complete the section below in order for payment to be requested for the required package.**

**Maintained Schools** – payment must be made by Journal Transfer

|  |  |
| --- | --- |
| **Cost Centre** |  |
| **Subjective** |  |
| **Any other information to be included on journal transfer** |  |

**Academies** – payment to be requested by Invoice

|  |  |
| --- | --- |
| **Purchase Order No.**  **(if applicable)** |  |
| **Any other information to be included on invoice** |  |

**Please return by email to** [**eps@shropshire.gov.uk**](mailto:eps@shropshire.gov.uk)

**Thank you for using the Shropshire Neurodiversity Practitioners Service.**