**Bristol Early Years Teaching Consortium (BEYTC)**

**Request for Support (including SLE Support)**

***Please complete page 1 and return this form to Redcliffe Children’s Centre, Spencer House, Ship Lane, Bristol BS1 6RR***

**Or Email: *Shirley.page@bristol.gov.uk***

**Name of Person making request (named commissioner):**

**Job Role:**

**Contact details:**

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| **Details of School / Setting to be Supported** |
| **Name of setting requiring support:** | **Head Teacher name & contact email** | **Name & contact details of lead contact person in setting:** |
| **Reason for Request** |
| **Context of support request :** |
| **List any support currently being provided to your school / setting:** |
| **Specialism (s) needed (if any):** |
| **Estimated start / finish date & number of days support needed :** |

***For Internal Use by Teaching School:***

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| **Brokerage Checklist** |
| Date Form received |  |
| Acknowledgement sent |  |
| Discussed with BEYTC lead setting |  |
| Proposed Support / SLE |  |
| SLE contacted |  |
| SLE’s school/setting agreed deployment |  |

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| **Agreed Support person /SLE Details** |
| Name |  |
| Contact details: |  |
| Their school / setting |  |
| If SLE - Specific Expertise |  |

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| **Deployment Checklist for SLE work** |
| Client school/setting agreed to proposed SLE |  |
| Paperwork sent to SLE:Copy of initial Request FormPro-forma: Agreement, Action Plan, Support/Visit Notes, Contact Log, Evaluation Form |  |
| Date of meeting between SLE & School to be supported(*Invite Commissioner and/or BEYTC link person if needed*) |  |
| Date Agreement returned (ie deployment agreed) |  |
| Copies of Agreement distributed |  |
| Action Plan received |  |
| Summary Evaluation completed (termly for long term support) |  |
| Client Invoiced Payment Received |  |
| SLE’s home School/ Setting Paid |  |