**LINWOOD OUTREACH REQUEST**

**Please complete the form and return to** **ltsa@linwood.bournemouth.sch.uk**

**We will come back to you within 48 hours to discuss your request**

**The charge for this service is £85 per hour**

|  |  |
| --- | --- |
| **School’s name** |  |
| **Address** |  |
| **Name of the requestor** |  |
| **Email address** |  |
| **Telephone Number** |  |
| **Purchase Order Number (\* you must request this from your Finance dept)** |  |
| **Accounts email address** |  |

**Please give a brief description of the support required\* (Please do not mention pupil’s surname)**

*You must give a minimum 7 days’ notice prior to the scheduled date if you wish to cancel the appointment. If you cancel the appointment after the minimum notice period we will charge for 1 hour’s service. If the cancelation is due to unforeseen circumstances we will be happy to reschedule free of cancelation charge.*

*By signing this you agree to the terms and conditions*

*Customer’s Signature/date ………………………………………………………………………………………………..*

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

*Office use only*

*Date/s of arranged visit(s)………………………………………………………………………………………………………………………*

*Assigned to the case (name)…………………………………………………………………………………………………………………*

*Outreach log completed & Finance notified (date)………………………………………………………………………………….*