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| **Your Name:**  Please complete this form if you would like to apply for full or partial funding to receive SEJ Training independent of the educational setting. Give us as much information as possible. However, if you need any further information about our services in order to complete the form fully, please tick here.   Full funding  Partial funding Please state how much you are able to contribute\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Your Address:** | | **Post Code:** |
| **Telephone / Mobile Number:** | **Email Address:** | |
| **SEJ Training: Please tick which of the following you are interested in:**  Stay Mentally Healthy SEJ External Plan   * Student * Educator * Education staff * Families | | |
| **Details:**  **How long do you require funding for ?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please consider the length of any plans you are applying for)  **Are you ?**   * **A student** * **An Educator** * **Education Staff** * **A Family member**     **Are you linked to any educational setting?**   * **Yes** * **No**   **Do you give permission for us to contact your educational setting to invite them to learn the SEJ?**   * **Yes** * **No**   **If yes would you like to remain anonymous, or can we give them your name?**  **Please state your preference here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please write the educational settings name, address, and website here if applicable.**  **Please let us know why you wish to learn the SEJ Process.**  **Please let us know why you require funding.**  **Add here any further information to support your application.** | | |

We will be in touch within 14 days of receipt of your application. Thank you.