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| --- | --- |
| **Setting Name:**Please complete this form if you would like to apply for funding to receive SEJ Training at your 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact Name:** |
| **Setting Address:** | **Post Code:** |
| **Telephone / Mobile Number:** | **Email Address:** |
| **SEJ Training: Please tick which of the following you are interested in:*** Stay Mentally Healthy SEJ Standard plan
* Stay Mentally Healthy SEJ Bespoke plan
* Stay Mentally Healthy SEJ External plan Student, Educator/Staff, Families
* SEJ Consultant Training
* SEJ Trainer Training
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Details:****How long do you require funding for ?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is the SEJ Training for:*** **All Audiences If yes how many** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Students If yes how many** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Families If yes how many** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Educators If yes how many** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please let us know why you wish to have the SEJ in your setting.****Please let us know why your setting requires 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.