|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SCHOOL NUMBER: | |  | | |  | |
| FULL NAME OF SCHOOL/SERVICE | | |  | | | |
| ADDRESS |  | | | | | |
|  |  | | | | | |
| POST CODE |  | | | TEL. NO. | |  |
| E-MAIL |  | | | | | |

If this is a new subscription or a renewal please circle how you would wish to pay:

the full amount / by 2 instalments

**Subscription**

We are aware that a subscription charge will be made according to the total number entered on the form for the full amount unless we have opted to pay by instalments. This subscription will give us access to the programme and will ensure that we can complete 1 survey.

|  |  |
| --- | --- |
| Please enter in the box the total number of employed staff. Please make sure you include everyone. All teaching and support staff. |  |

Please state your 2 wellbeing facilitators:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Role |  |
| Full Name |  | Role |  |

If your facilitators would like to attend the Induction for New facilitators please contact Lauren Andersen for dates on 01257 516100 or [lauren.andersen@lancashire.gov.uk](mailto:lauren.andersen@lancashire.gov.uk)

You will have a window of 2 weeks to complete you Survey. What date would you like your survey to start?

Our preferred date and time for the feedback meeting would be….. (Please allow two hours for the feedback meeting. )

|  |  |  |  |
| --- | --- | --- | --- |
|  | DATE | AM | PM |
| 1st choice |  |  |  |
| 2nd choice |  |  |  |

Signed on behalf of the school or service:

|  |  |  |  |
| --- | --- | --- | --- |
| Head of School or Service |  | Date |  |