



POTTON GROUP

WHERE CHILDREN AND  
FAMILIES MATTER

## Potton Kare Services Support Request

**Please complete all sections of this form**

<b>Name of school</b>	
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<b>School Address</b>	
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<b>Contact Numbers:</b>		
<b>Name:</b>	<b>Contact Title</b>	<b>Telephone No/ext:</b>

<b>Invoice to:-</b>
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<b>Name:</b>
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<b>Department:</b>
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<b>Email:</b>
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<b>Telephone:</b>
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<b>Type of support required:</b>
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**Please enter X where appropriate:**

<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Reintegration package
<input type="checkbox"/>	Classroom support	<input type="checkbox"/>	School transport
<input type="checkbox"/>	1:1 Learning Support Assistant	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Interpreter	<input type="checkbox"/>	Support to improve home/school relationship.
<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>	Bespoke Package of Support (please specify below)

**Please provide details of any special/specific requirements including needs or child/children, year group etc:**

**Please indicate what level of support you would envisage the school will need: i.e. Times, No of days and for how many weeks.**

**Referred by**

Name:  
Email:  
Tel:  
Date:

Authorizing Manager:

Name:  
Email:  
Tel:  
Date: