**Specialist Leader of Education**

**Initial Request**

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| **Academy/School** |  |
|  |  |
| **Date of request** |  |
|  |  |
| **Principal/Headteacher** |  |
|  |  |
| **Contact details** |  |
|  |  |
| **Outline description of area for support**   * **subject specialism** * **generic**   **(as applicable)** |  |
|  |  |
| **Time-scale**  **(number of days)** |  |
|  |  |
| **Target outcomes** |  |
|  |  |
| **Please submit this Initial Request to** | ***Teaching School Coordinator, Delta TSA***  [***jill.kelly@deltatrust.org.uk***](mailto:jill.kelly@deltatrust.org.uk) |
| **Office use only:** |  |
| **SLE identified to provide this support** | ***To be completed by Head of Teaching School Alliance, Delta TSA*** |
|  |  |
| **Approved by RDoE (name and date)** | ***To be completed by Teaching School Coordinator, Delta TSA*** |