**Specialist Leader of Education - Deployment Proforma**

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| **SLE Details** | |
| **Name** |  |
| **Specialism** |  |
| **Academy/School** |  |
|  |  |
| **Details of Academy/School using the SLE service** | |
| **Academy/School** |  |
| **Principal/Headteacher** |  |
| **Deployment Lead** |  |
| **Contact details** |  |
| **Deployment commence date** |  |
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| **Identification of key focus areas (please indicate below the main priorities of the deployment)** | |
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| **Objectives/key impact expected at the end of the deployment** | |
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| **Timeline expected for completion** | |
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| **Time commitment agreed (please indicate time commitment in terms of days per week)** | |
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| **Cost for cover to Academy/School providing the SLE service** | |
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| **Please submit this Deployment Proforma to** | ***Deployment Lead (see above) /***  ***copy to Teaching School Coordinator, Delta TSA***  [***jill.kelly@deltatrust.org.uk***](mailto:jill.kelly@deltatrust.org.uk) |
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| **Approved by RDoE**  **(name and date)** | ***To be completed by Teaching School Coordinator, Delta TSA*** |