## **Service Level Agreement Form**

Name of School or Academy	
For audit purposes a signed agree	ement is required.
I confirm that we would like to purchase the Training and Support SLA for 2024/25.	
Please sign and return to education	n@cofe-worcester.org.uk
	your 15 hours, please email your requirements to the Diocesan
	worcester.org.uk. If you could include the following information
	al with your request as quickly as possible.
topic and details of the support y	you wish to request
full day, half day, twilight, staff me	eeting
• term you wish to book support	
any special requests such as days	s, tim <mark>es, online.</mark>
Headteacher	Chair of Governors
Signed	Signed
Date	Date