

## SLA REQUEST FORM 2021-2022

|                    |                   |                  |
|--------------------|-------------------|------------------|
| <b>Programme 1</b> | <b>2 teachers</b> | <b>1 teacher</b> |
| No. of Classes     |                   |                  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>Programme 2</b>                       |  |  |  |  |  |  |  |
| Additional time required (15/20/30 mins) |  |  |  |  |  |  |  |
| Instrument type                          |  |  |  |  |  |  |  |

|                    |                 |              |             |              |
|--------------------|-----------------|--------------|-------------|--------------|
| <b>Programme 3</b> | <b>Ensemble</b> | <b>Choir</b> | <b>Club</b> | <b>Other</b> |
| Duration of lesson |                 |              |             |              |

|                    |                             |              |
|--------------------|-----------------------------|--------------|
| <b>Programme 4</b> | <b>Curriculum provision</b> | <b>Other</b> |
| Duration of lesson |                             |              |
| Number of lessons  |                             |              |

|                    |                         |                       |              |
|--------------------|-------------------------|-----------------------|--------------|
| <b>Programme 5</b> | <b>Primary Advisory</b> | <b>INSET delivery</b> | <b>Other</b> |
| Duration required  |                         |                       |              |

School: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Headteacher/Chair of Governors** *(please delete as appropriate)*

Name of School Contact Person for music: \_\_\_\_\_

Completed form must be returned to [cmsoffice@lbbd.gov.uk](mailto:cmsoffice@lbbd.gov.uk) by 30<sup>th</sup> April 2021.