



Nonsuch High School for Girls
 Ewell Road
 Cheam
 SM3 8AB
 020 8394 1308

Science Specialist INSET Request Form B
PARTNER SCHOOL

To be completed by the member of staff wishing to attend or take part in any INSET to be funded by the **Specialist Science Budget**.

Course Details (copy of relevant documents to be attached)

Title of Course: Provider:

Date and Time: Venue:

Cost of INSET Please fill in **all** sections and total

Course fee including VAT £

Travel costs (estimated if necessary) £

Cover costs £

TOTAL £

Please note: Cover costs will only be paid upon receipt of an invoice which highlights the actual cost incurred to our partner school.

Reason for INSET

Please state which development **or** performance management target the INSET relates to **and** how the information from the course will be disseminated.

Development/Performance Target: 	How course details will be disseminated
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Applicant: **Supported by:**

Position:

Please keep a copy and pass this form to Tim Smith for approval

Approved/Refused: **(Specialist Science Coordinator)**

After the INSET please claim for expenses using Form C. Please also complete form D.

Tim Smith
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 smith-t@nonsuch.sutton.sch.uk