**Medical Needs in Schools Application Form**

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| **Name:** |
|  |
| **Organisation / School:** |
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| **Your role within your organisation/school:** |
|  |
| **Telephone number:** |
|  |
| **Email address:** |
|  |

**Please return your completed application form to**

**MNIS@raedwaldtrust.org**

**MNiS** **– Core package**

* Free SEF and Medical Needs in School policy review
* Guidance in DfE statutory policy and best practice guidance for Medical Needs in School
* Access to MNiS consultant for support and advice
* Access to free MNiS workshops and resources
* Benefit from a local and national network of partnership with schools, health professionals, hospital schools etc
* Work together to share good practice; troubleshoot issues arising; share concerns; liaise with medical professionals
* Be fully supported in how to write a good Individual Healthcare Plan for your students
* Have access to local medical teams for advice, information and support