

PROJECT REQUEST FORM
Educational Psychology
Quality Division
Directorate for People



Please only complete this request following a Duty call telephone discussion and agreement with a Duty Senior Psychologist.

Name of Organisation: _____

Priority area of development for the organisation (please tick):

Anti-bullying Staff emotional well-being Social & Emotional Aspects of Learning

Community cohesion Nurturing schools other project _____

Name of co-ordinator of the project in the organisation who will liaise with EPS to ensure successful completion of project and secure necessary in-house resources: _____

ECM Link (Please tick): Stay safe Mentally and emotionally healthy Enjoy and achieve

Programme of Activity (Reason for initiative, links with organisational plans):

Expected outputs and timescale (actions to be carried out, dates, resources required):

How will the project be evaluated? (Types of information to be gathered and how?)

Expected outcomes for children and families? (Measurable benefits associated with the project; communication of outcomes to wider community)

Request completed by (please print name):

Designation:

Date:

Telephone number:

Please indicate best time to contact:

Email address:

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Please return completed request from to: Solihull Educational Psychology Service,
Keepers Lodge Centre, Chelmsley Road, Chelmsley Wood, Birmingham B37 7RS.
Email: educationalpsychology@solihull.gov.uk Tel: 0121 770 6030 or Fax: 0121 770 7608