

Cathedral Centre  
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Salford M3 6DP

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**APPLICATION FOR EXCEPTIONAL SUPPORT FROM  
SALFORD DIOCESAN BOARD OF ADMINISTRATION**

Name of School:	
Headteacher:	
Address:	
Post Code:	
Telephone Number:	
Local Authority:	
Description of Work Required:	
Mitigating Circumstances:	

Proposed Funding for Project	£		Yes	No
Gross Amount:		Have you got a School Building Development Plan?		
School Contribution:		Has the Diocesan Schools Commission approved the plan?		
- DFC:		Can works be deferred until future funding becomes available?		
- LCVAP:				
- Other:				

Name of proposed Consultant:			
Chairman's Signature:		Date:	
Headteacher's Signature:		Date:	