*Appendix 1*

**Mutual Scheme to Cover the Cost of Legal Advice on Employment Matters**

**Name of School ……………………………………………………………..**

**I confirm that ……………………………………….School will participate in the mutual scheme for the period from 1st April 2018 to 31st March 2019.**

**I understand that the school will be required to make a single payment to cover its cost of participating in the scheme for this period. The cost for the school to participate in the scheme for this period is Y x £10\*, where Y is equal to the number of staff currently working at the school.**

**I agree to the terms of the scheme as set out in the version attached to this communication and agree to any scheme changes made by the Management Committee.**

**Signed ………………………………………………………..**

**Designation …………………………………………………**

**Date ………………………………………………………**

\*The 50% rebate on the premium will be reflected on the invoice the school will receive from Schools HR.