



Reference: FOI3973

**Request:**

**1) How many members of your Education Welfare/Elective Home Education Department staff are members of the Association of Elective Home Education Professionals (AEHEP)?\**

**\*\*None\*\***

**2) Are membership fees payable to AEHEP (i) individually; (ii) corporately?\ How much was paid over the past 12 months?\**

**\*\*N/A\*\***

**3) How many attendances have those staff members made at AEHEP meetings within the previous 12 months (i) face to face; (ii) virtually?\**

**\*\*N/A\*\***

**4) What is the total direct cost of staff attendance at AEHEP meetings in the previous 12 months?\**

**\*\*N/A\*\***

**5) What is the total time spent my members of LA staff in attending AEHEP meetings, combined with time spent dealing with any other matter relating to the AEHEP?\**

**\*\*N/A\*\***