

The Amber Flag Initiative

First Application Form

School name: _____

Address: _____

E-mail: _____

School contact no.: _____

Co-ordinator's name: _____

Co-ordinator's contact no.: _____

I confirm that the school named above has an Amber Flag Team and will identify a minimum of 3 goals/tasks, one of which is a Mental Health Awareness day, to be completed in the current school year.

We also commit to Flying our Amber Flag proudly in a prominent place outside our school to promote awareness that Mental Health is a priority in our school.

Signed (Project co-ordinator): _____

Position in school: _____

