

The Amber Flag Initiative

First Application Form 2021/22

School name: _____

Address: _____

E-mail: _____

School Contact No.: _____

Co-ordinator's Name: _____

Co-ordinator's Contact No.: _____

Number of Staff in School: _____

Number of Students in School: _____

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: _____

Please send completed forms by email to amberflag@pieta.ie

