

The Amber Flag Initiative

Renewal Application Form

School name: _____

Address: _____

E-mail: _____

School contact no.: _____

Co-ordinator's name: _____

Co-ordinator's contact no.: _____

We commit to retaining our Amber Flag Status this year.

We confirm that the school named above has an Amber Flag team and we will identify a minimum of 2 goals/tasks that will continue to promote Mental Health Awareness within our school.

It is our intention to display our certificate of achievement in a prominent place within our school.

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: _____

