

# 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.: \_\_\_\_\_

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](mailto:amberflag@pieta.ie)**

