

The Amber Flag Initiative

Renewal 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: _____

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: _____

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

