Anti-Bullying Week 2020 Competition

Entry Form

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| --- | --- |
| Full Name/s |  |
| Name of School/Group |  |
| Address of School/Group |  |
| Telephone of School/Group |  |
| Name of Teacher/Worker |  |
| Email of Teacher/Worker |  |
| Is this an individual or group entry? Delete as appropriate. | Individual/Group |
| Age Group based on age during ABW20 i.e. 16/11/2020 | Please put an x in the relevant field below*\* In a group entry and where the members of the group are from different year groups, please select the group into which the majority of the young people fall.* |
| * Preschool Year – Primary 3 |  |
| * Primary 4 – 7 |  |
| * Year 8 – 10 |  |
| * Year 11 and over |  |
| Young people with a Special Educational Need (SEN) can choose to have their entry considered for an additional Special Merit Prize. Please delete as appropriate if you would like your entry to be included in this category | Y/N |
| Title of competition entry | Please put an x in the relevant field below |
| * United Against Bullying |  |
| * We Are All a Piece of the Puzzle |  |
| * Take a Minute to Unite Against Bullying |  |
| Creative Category | Please put an x in the relevant field below |
| * Written word |  |
| * Visual Art |  |
| * Video |  |

*Please ask the teacher/worker named above to check your form and complete the section below.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that all details submitted on this form are true and that the entry reflects only original work of the young person named above.