Application Form (email copy)

If you need any assistance with this form, please phone **01595 745035** or email mindyourhead@shetland.org.

Part 1 – About you

|  |  |
| --- | --- |
| Your Name | Click or tap here to enter text. |
| Your Contact Number | Click or tap here to enter text. |
| Your Email Address | Click or tap here to enter text.[ ]  Please email me freebies and resources about mental health, wellbeing and self-care!  |
| Your Home Address | Click or tap here to enter text. |
| Your Application Information | I am applying for a:[ ]  Feel Good Bag (for individuals aged **16 years and above**) [ ]  Feel Good Box (for individuals aged **15 years and below**) |
| I am requesting this:[ ]  For someone else[ ]  For myself |

Part 2 – About the person you are nominating

|  |  |
| --- | --- |
| Their Name | Click or tap here to enter text. |
| Their Contact Number | Click or tap here to enter text. |
| Their Email Address | Click or tap here to enter text. |
| Their Home Address | Click or tap here to enter text. |
| Your Preference | [ ]  I would like to collect the Feel Good Bag/Box and deliver it to the person I am nominating;[ ]  The person I am nominating will be collecting their Feel Good Bag/Box;[ ]  I would like the Feel Good Bag/Box to be delivered to the person I am nominating.Just wondering—is this a surprise for them? [ ]  Yes (Don’t’ worry, we won’t spoil it for you!) [ ]  No (Copy that!) |
| How old is the person you are nominating? This might give us a better idea of what Feel Good items we can curate, so even a *guesstimate* would be helpful! | Feel Good Box[ ]  8 – 10[ ]  11 - 12[ ]  13 – 15  | Feel Good Bag[ ]  16 – 18[ ]  19 – 24[ ]  25 – 34[ ]  35 – 44[ ]  45 – 54[ ]  55 – 64[ ]  65 + |
| Why are you nominating them? | Click or tap here to enter text. |
| What are their hobbies and interests? | Click or tap here to enter text. |
| Do they have any special requests?(Food allergies, etc) | Click or tap here to enter text. |

Part 3 – About Us

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| By signing your name below, you are giving Mind Your Head permission to use the above information anonymously for its stakeholders, funders, and online/print publicity. If you would NOT like us to use your information, please tick the box below.[ ]  Please do not use any of my information. |
| Your name | Click or tap here to enter text. |
| Your signature/electronic signature | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| That’s it! Well done. You are good to go! Please return this form by post or email, and a member of our team will be in touch with you if your application is successful. Thank you for your interest in the Feel Good Bag/Box. COVID-19 UPDATE: As Market House is currently closed to the public, we request that you send this form via email to mindyourhead@shetland.org. Have a feel good day—you deserve it! |

Address Mind Your Head

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Market Street

Lerwick

Shetland ZE1 0JP

Phone (direct) 01595 745035

 (reception) 01595 743900

Email mindyourhead@shetland.org

More about the Feel Good Bag on [mindyourhead.org.uk/resources/feel-good-bag](https://www.mindyourhead.org.uk/resources/feel-good-bag)