If you need any assistance with this form, please phone **01595 745035** or email [mindyourhead@shetland.org](mailto:mindyourhead@shetland.org).



Application Form (for printing)

Part 1 – About you

|  |  |
| --- | --- |
| Your Name |  |
| Your Contact Number |  |
| Your Email Address | Please email me freebies and resources about mental health, wellbeing and self-care! |
| Your Home Address |  |
| 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 |  | | |
| Their Contact Number |  | | |
| Their Email Address |  | | |
| Their Home Address |  | | |
| 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? | |  | |
| What are their hobbies and interests? | |  | |
| Do they have any special requests?  (food allergies, etc) | |  | |

Part 3 – About Us

|  |  |
| --- | --- |
| 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 |  |
| Your signature/electronic signature |  |
| 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](mailto:mindyourhead@shetland.org).  Have a feel good day—you deserve it! | |

Address Mind Your Head

14 Market House

Market Street

Lerwick

Shetland ZE1 0JP

Phone (direct) 01595 745035

(reception) 01595 743900

Email [mindyourhead@shetland.org](mailto: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)