

FEEL

GOOD



APPLICATION FORM

If you need any assistance with this form, please contact a member of our team on **01595 745035** or email mindyourhead@shetland.org.

PART ONE (The boring stuff)

Your Name	
Your Contact Number	
Your Email Address	
Your Address	<hr/> <hr/> <hr/> Post Code: <hr/>
<input type="checkbox"/> I am requesting a Feel Good Bag for myself. <input type="checkbox"/> I am requesting a Feel Good Bag for someone else.	

PART TWO (The good stuff)

Please tell us something about yourself or the person being nominated for a Feel Good Bag.

PART THREE (The important stuff)

Please provide any other information that you think might be useful (i.e., allergies)

Your Signature

Date

I give Mind Your Head permission to use the above information anonymously for its stakeholders, funders, and online/print publicity.

That's it! Well done. You are good to go! Please return this page to the address below, 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.

Have a feel good day!

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a project of 
mind your head