

Submission form

1. School name:

2. School Roll Number:

3. School Address:

4. School E-mail:

5. School Telephone Number:

6. Class Participating:

7. Representative Teacher's Name:

8. Representative Teacher's E-mail:

9. Representative Teacher	r's Contact Number:		
•	al School? If so, what are the nat	ture	
11. Has the award been co	ompleted by:		
a. A class	d. A homework club		
b. An English as an Add Language group	litional e. An after-school club		
c. A breakfast club			
13. Please tick this box to	confirm you have read the terms		
and conditions and agree	to comply:		

14. Please tick this box if you wish to receive e-mails fror about next year's GOAL Changemakers Award and o GOAL Development Education Activities	
15. Signature of class teacher:	
16. Signature of school principal:	
Project Information	
17. Title of project:	
18. Global Goal(s) project is targeting:	

19. Why did you choose this/these Global Go	al(s)?	
20. Aim of project		

21. Why is this aim important to your class?	

22. What steps did your class take to become GOAL Changemakers?				
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23. What is the class' main takeaway from	this project?:		
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24. Visual Submission – either photos, a poster or a video





Please send your visual submission along with the submission form to goalchangemakers@goal.ie or by post to GOAL, Carnegie House, Library Road, Dun Laoghaire, Co.Dublin.

Check out our website www.goalglobal.org/goalchangemakers for an example of a completed submission form and visual submission.