**CLUB DETAILS**

|  |  |
| --- | --- |
| **Club Name** |  |
| **Address** |  |
| **County** |  |

**GAMES OFFERED**

Please complete the following table about what codes are offered by your club

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Camogie** | **Ladies Football** | **Men’s Football** | **Hurling** | **Other** |
| Please Tick |  |  |  |  |  |
| No. of Teams |  |  |  |  |  |

Use the table below to outline the classification of the type of health project your club are looking to engage with

|  |  |
| --- | --- |
|  | Please Tick |
| Mental Fitness*Example: Mental Health Charter* |  |
| Diet and Nutrition*Example: Healthy Eating Policy* |  |
| Alcohol, Drug and Gambling Education*Example: ASAP Project* |  |
| Community Development*Example: Social Initiative for Older Members* |  |
| Physical Activity*Example: Camogie for Teens* |  |
| Other |  |

Use the space below to provide additional details of the proposed project under the following headings (taken from GAA Healthy Club Model):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority Area** | **Plan** | **Partners** | **Activity** | **Club** |
| *e.g. Mental Health* | *Details the vision of what the club want to achieve and how to achieve it*  | *Individuals or groups working together to a common goal (internal or external) e.g. local mental health charity* | *The actions that your club want to focus on* | *The impact of the project in the club* |

**Proposed Date for Initiative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign-Off**

Expressions of interest in entering this competition must have approval from two officers of the Club’s Executive Committee

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Sign-off** |  | **Second Sign-off** |
| **Name** |  |  |  |
| **Committee Position** |  |  |  |
| **Email** |  |  |  |
| **Contact Number** |  |  |  |
| **Signed** |  |  |  |
| **Date** |  |  |  |