



APPLICATION FORM

If you would like more information on the School Breakfast 4 Health program, please contact us at schools@foodbanksw.org.au

Please note **ONLY** the Principal of your school can submit this form.

NAME:

EMAIL ADDRESS:

MOBILE NUMBER:

POSITION AT YOUR SCHOOL:

1. What is the name of the school where you plan to run the School Breakfast 4 Health program?

2. Is your school involved in any existing school breakfast programs? If so, provide details:
 - a. Who runs the program?
 - b. Where do you obtain supplies?
 - c. How long has the program been running?
3. How many children are in your school?
4. How many children do you anticipate being part of the breakfast program?

5. Outline your basic plan – type of food and frequency.

6. Please tell us how you determined your school needs a breakfast program.

7. How many teachers, volunteers or school captains can help in the breakfast program?
8. Aside from Foodbank, where else are you able to source food?

9. Do you have a designated permanent area to run the program? (choose one) Yes No
10. I understand the school needs to be a registered agent and is able to order from Foodbank's full range separately? (choose one) Yes No
11. I understand Foodbank's School Breakfast 4 Health program provides the food but the implementation of the program needs to be managed by the school (choose one) Yes No