



SCHOOL BREAKFAST 4 HEALTH PROGRAM

APPLICATION FORM

SCHOOL NAME: _____

PRINCIPAL NAME: _____

PRINCIPAL EMAIL ADDRESS: _____

CONTACT NUMBER: _____

BREAKFAST PROGRAM COORDINATOR: _____
Please include your position at your School _____

HOW MANY STUDENTS DO YOU HAVE IN YOUR SCHOOL: _____

- 1** Are you currently running a school breakfast program? ☐ Yes ☐ No
How many students do you cater to in your breakfast program?
How long has your breakfast program being running?
How many teachers, volunteers or school captains can help with the breakfast program?
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- 2** Please share with us how you identified the need to run a breakfast program within your school?
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- 3** Describe your current or planned structure of your breakfast program.
.....
.....
- 4** Do you have a designated permanent area, separate to the canteen to run the program? ☐ Yes ☐ No
- 5** Aside from Foodbank, where else are you able to source food?
.....
- 6** Where do you store your food supplies?
.....

Terms & Conditions

☐ 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.



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