Name of Community / organisation

|  |
| --- |
|  |

Contact Person

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| --- |
|  |

Contact Address, including postcode

|  |
| --- |
|  |

Contact Telephone Number

|  |
| --- |
|  |

Briefly describe how you plan to use the resources (maximum 50 words)

|  |
| --- |
|  |

Will you register the event on the No smoking day website? Yes / No

Who will be the target group?

|  |  |
| --- | --- |
| Target Group | Please Tick |
| Children |  |
| Youth |  |
| Parents |  |
| Carers |  |
| Older people |  |
| Men Only |  |
| Women Only |  |
| Men & Women |  |
| Ethnic Minorities |  |
| People with a Disability |  |
| Young Carers |  |
| LGBT - Lesbian, Gay, Bisexual, Transgender |  |
| Church based |  |
| Other |  |

|  |  |
| --- | --- |
| Age Group | Please Tick |
| Under 12 years |  |
| 13-17 years |  |
| 18-24 years |  |
| 25-60 years |  |
| Over 60 years |  |