



Application Form

DONEGAL ETB AWARDS 2014/2015 Students/Learners/Trainees and Staff

| School/ College/Centre/Location: |
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| Title of Project: |
| Name of Students/Learners/ S(s): |
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| |
| Name of Nominating Staff Member: |
| Contact Details: |
| Tel: |
| Email: |

Award Category:

(See list - The project must only be entered under <u>one</u> category, the Awards Committee reserve the right to transfer the project within categories.)

Please tick the category you wish to enter your project in.

| 1. Science, Technology, Engineering and Mathematics (STEM) | |
|---|--|
| 2. Healthy Living and Well Being | |
| 3. Green Project | |
| 4. Inclusive Project | |
| 5. Arts and Culture | |
| 6. Innovation and Entrepreneurship | |
| 7. Cur Chun Cinn na Gaeilge agus an Chultúir Ghaelaigh | |
| 8. Open Category | |
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| Details: | |
| Please give a detailed description of your project. (It is mandatory complete this section.) This is an important section and will be central assessment of all projects. | |
| Description of Project: | |
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| Learning Outcomes: | | |
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| Legacy of Project: |
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| Stakeholders: |
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| If the project was entered for any other competition, please give details. |
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| Dlagge outline any group outs that many available for the preject including |
| Please outline any supports that were available for the project including internal and external. |
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| I am enclosing attachments: | Yes/ No | | | | | |
|--|---|--|--|--|--|--|
| Please give details of any attachments. | | | | | | |
| (Please only attach copies of attachments and do not submit originals. Eversions should be submitted in pdf format.) | | | | | | |
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| | o the best of my knowledge accurate and e project for consideration for a Donegal c year. | | | | | |
| Signed by Staff Member | Date | | | | | |
| Please print name of Staff Member | | | | | | |
| Signed by Principal | Date | | | | | |
| Centre Manager/Director | | | | | | |
| Programme Manager | | | | | | |

Closing Date: Sunday 1st February 2015