SNAG Leader Application Form

Please complete the questions below to apply for a position as SNAG Leader.

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| First Name |  | Surname |  | Class |  |
| Why do you want to become a SNAG Leader? | |  | | | |
| Why do you think it is important for us to be a healthy school? | |  | | | |
| Give an example of something that you are responsible for either at home or school? | |  | | | |
| How do you think you can help promote a healthy lifestyle within our school? | |  | | | |
| What skills and qualities do you have that will make you a good SNAG Leaders? | |  | | | |

Please complete and return this application form and return it to Miss Rees by 8th September 2017