

## Anti-Bullying Week 2018 Competition

### MOVIE / PERFORMANCE - Entry Form

Names of young people \_\_\_\_\_

\_\_\_\_\_

Name of School/Group \_\_\_\_\_

Address of School/Group \_\_\_\_\_

\_\_\_\_\_

Telephone of School/Group \_\_\_\_\_

Name of Teacher/Worker \_\_\_\_\_

<b>Age Group*</b>	<b>Up to Year 4</b>	<b>[ ]</b>
<i>(based on your age</i>	<b>Year 5 - 7</b>	<b>[ ]</b>
<i>on during ABW18)</i>	<b>Year 8 – 10</b>	<b>[ ]</b>
	<b>Year 11 and over</b>	<b>[ ]</b>

If one or more of the young people has a Special Educational Need (SEN) the group can choose to have their entry considered for an additional Special Merit Prize. Please tick here if you would like this entry to be judged in this category [ ]

*Please ask the teacher/worker named above to check your form and complete the section below.*

Name \_\_\_\_\_

Signed \_\_\_\_\_

I confirm that all details submitted on this form are true and that the entry reflects only original work of the young person(s) named above.

*\* Where the members of the group are from different year groups, please select the group into which the majority of the young people fall.*