**Youth Travel Ambassador 24/25 – School Application Form**

Please provide as much information as possible and return to [**active.travel@tfgm.com**](mailto:active.travel@tfgm.com) by **Friday 19th July.**

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| **Name of School** | |  |
| **School address** | |  |
| **Appointed School Programme Coordinator** | **Name** |  |
| **Email** |  |
| **Phone number** |  |
| **Head Teacher** | **Name** |  |
| **Email** |  |
| **Phone number** |  |
| **Number of pupils attending the school** | |  |

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| **1.** | **What are the main issues and barriers in enabling pupils to walk, wheel, cycle, and scoot to and from your school?** *Please give as much detail as possible.* |
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| **2.** | **What activity, if any, has your school previously done / is doing to promote active travel to school?** *(e.g., does your school take part in Bikeability; promote walk to school weeks; have bike parking facilities; regularly survey student travel modes?). Please give as much detail as possible.* |
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| **3.** | **What support and capacity are you able to provide the TfGM Officer to facilitate the programmes delivery?** *(e.g., appointment of a school coordinator; staff buy-in; time for ambassador students to attend all 6 sessions, supporting sessions and campaign pitching event; capacity to launch and deliver campaign etc)* |
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| 4. | **Do you have buy-in from senior staff within the school?** |
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