

APPLICATION FORM

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| Full name: | Gender: |
| Age category: 8–9 years <input type="checkbox"/> 10–11 years <input type="checkbox"/> 12–13 years <input type="checkbox"/> 14–15 years <input type="checkbox"/> 16–17 years <input type="checkbox"/> | |
| Citizenship: | Country of residence: |
| Your home address: | Your email address (if you have one): |
| Name and address of school: | Phone number of school (with country code): |
| Name of parent/legal guardian: | Phone number and email address of parent/legal guardian: |

Consent of parent/legal guardian

By signing this form and agreeing to your child's participation in the WHO art competition for school students, you consent to your child's submitted artwork being used by WHO in any of its information products or activities to promote health and displayed on any WHO website or social media account and in the final exhibition of winning entries.

Name:

Signature: