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| **APPLICATION FORM** | | | | | |
| **Full name:** | | | | **Gender:** | |
| **Age:** | | | | | |
| **8–9** □ | **10–11** □ | **12–13** □ | | **14–15** □ | **16–18** □ |
| **Citizenship:** | | | **Country of residence:** | | |
| **Home address:** | | | **Name, address and phone number of school** (including codes): | | |
| **Name of parent/legal guardian:** | | | **Phone number and email address:** | | |
| **Your email address:** | | |  | | |

**Note for parents**

By signing this form and agreeing to your child participating in the WHO art competition, you are giving consent that their artwork can be used by WHO in any of its information products or activities to promote health and can be displayed on WHO websites, social media platforms and in the final exhibition of winning entries.

Name: Signature: