

MARIST LEADERS APPLICATION FORM 2020/2021

**MARIST
LEADERSHIP**

Student Name:

(Please print full name)

Address:

Mobile No:

Email Address:

Year & Class:

Parent/Guardian Names:

Contact Numbers:

*(Indicate corresponding
name and number)*

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During the Marist Leadership Programme we may take photos and video clips of participants and the activities for use on our website, social media forums and marketing material. Please tick this box if you do not wish us to use images or footage of you.

INDICATE ANY HEALTH, MEDICAL OR CONFIDENTIAL INFORMATION**NOMINATIONS FOR THE MARIST STUDENT LEADERSHIP TEAM**

In nominating the above student to be a member of the Marist Leadership Team,
I acknowledge my understanding of their need to:

- ☒ Commit to regular leadership trainings and meetings, and be actively involved in the activities of the Marist Leadership team throughout the year.
- ☒ Set an example to the general body in living out Marist values in terms of attitude, commitment, and behaviour.
- ☒ Be a Marist representative for the school; including being involved in public speaking at assemblies, meetings, as required at Whole School events and possible European events.

Teacher 1 Signature:

Form Teacher / Year Head

Parent / Guardian Signature:

(Please feel free to add additional information in support of the application.)



1. What do you consider to be the main role of Marist Leadership in your School

2. Why do you wish to be part of the Marist Leadership Team?

3. How would your friends and family describe you?

4. What do you believe are your character strengths, and what would you like to improve?

5. What are your goals or ambitions for the future?

6. What does «Being Marist» mean to you?