

## REGISTRATION FORM FOR AMBASSADORS

| Name:                      |             | Date of    | Date of Birth: |              |              |  |
|----------------------------|-------------|------------|----------------|--------------|--------------|--|
| Surname:                   |             | Address    | S:             |              |              |  |
| Phone:                     | Email:      | Email:     |                |              |              |  |
| Mother tongue:  DE FR IT   |             |            | م ا مرام       | unto mo d    | مد ومراه مال |  |
| Ich kann am Workshop a     | JSSEITIAID  | memes vvc  | )I II IKc      | II ILOI IS I |              |  |
| Ich stehe als Ambassado    | r in folgen | den Kantor | nen z          | ur Verfü     | gung:        |  |
| AG AI                      | AR          | BE         |                | BL           |              |  |
| BS FR                      | GE          | GL         |                | GR           |              |  |
| JU LU                      | NE          | NW         |                | OW           |              |  |
| SG SH                      | SO          | SZ         |                | TI           |              |  |
| TG UR                      | VD          | VS         |                | ZG           |              |  |
| ZH                         |             |            |                |              | -            |  |
| I am a member of ZETA N    | 1ovement:   | :          |                |              |              |  |
| Comments / Remarks:        |             |            |                |              |              |  |
|                            |             |            |                |              |              |  |
|                            |             |            |                |              |              |  |
|                            |             |            |                |              |              |  |
|                            |             |            |                |              |              |  |
| I confirm that I have read | the require | ements:    |                |              |              |  |

## **ZETA Movement**

Youth for Mental Health Awareness Switzerland Für einen offenen und ehrlichen Dialog zur Psychischen Gesundheit Pour un dialogue ouvert et honnête sur la santé mentale Per un dialogo aperto e sincero sulla salute mentale









ZETA Movement

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|---|---|----|---|
|   |   | E. |   |

| Yes | No |
|-----|----|
|     |    |

| I certify the truthfulness of all information provided to the ZETA Movement and undertake to |
|--|
| inform the Association immediately if there is any change in my health:                      |
| Yes No   |
|  |
|  |
|  |
|  |

Place and Date: Signature:

Note: The application documents of the Ambassadors are read by the board and our experts.

To be attached to the registration form:

- 1. What are my experiences with mental health and why do I want to become a ZETA Movement Ambassador (max. 1 p.)
- 2. As an Ambassador, I would like to focus my participation in school visits on the following topics (please indicate which ones and how they relate to your life experience)





