



# Health, Wellbeing & EAP

## *Tusla Wellbeing Ambassador Registration Form*

**Name:** [Click here to enter text.](#) **Work Title:** [Click here to enter text.](#)

**Phone Number:** [Click here to enter text.](#) **Email:** [Click here to enter text.](#)

**Work Address:** [Click here to enter text.](#) **Line Manager:** [Click here to enter text.](#)

**Why do you want to become a Wellbeing Ambassador?**

[Click here to enter text:](#)

**Please state if you have any particular areas of interest regarding wellbeing:**

[Click here to enter text.](#)

**Are you willing to link in with other Tusla offices, regarding challenges and programmes in your locality?**

Yes ☐ No, just my own workplace ☐ Office \_\_\_\_\_

**Do you agree to allow your photo and email address to be used to advertise to staff the existence of a wellbeing ambassador for the area?**

Yes ☐ No ☐

**Any wellbeing events planned for your area need prior approval by the Health Wellbeing and EAP team to keep all projects in line with our national strategy.**

**Do you agree to contact the Health Wellbeing and EAP team?** Yes ☐ No ☐

**Wellbeing Ambassador Signature:** \_\_\_\_\_

**Please provide Line Manager signature who is able to support your application to become a volunteer wellbeing Ambassador:**

Line Manager Signature:	
Contact No:	
Email Address	

The Health, Wellbeing and EAP Department fully respect your right to privacy. Your details will be held securely and confidentially and will only be accessed by authorised staff in accordance with the Data Protection Acts 1998-2018.