**Mental Health First Aid Course for Teachers**

**List of Form 4 Students’ names and email addresses form**

The details are required so that Richmond Foundation can invite the form 4 students (Those who will start their form 4 in October) to fill in an individual registration form once the school registers as a participant in the project.

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| **Name of School:** |  |

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| **Class name or number:** |  |

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| **Name and Surname of form 4 Students** | **Email address of Students / Guardians** |
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| **Class name or number:** |  |

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| **Name and Surname of form 4 Students** | **Email address of Students / Guardians** |
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| **Class name or number:** |  |

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| **Name and Surname of form 4 Students** | **Email address of Students / Guardians** |
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| **Total number of form 4 students (all the classes) taking the MHFA lessons:** |  |

**Upload the list with the School Participation Form** [**http://youth.mhfa.org.mt/schools-participation-form/**](http://youth.mhfa.org.mt/schools-participation-form/)