



Application to join the award scheme

● Your organisation

Name

Address

Number of employees

Industry sector

● Wellbeing Champions

Number of champions to be recruited

● Contact

We will contact you as soon as possible to arrange a meeting to discuss the next steps.

Name of person to be contacted

Job title

Telephone

Email

● Senior level sponsor

Name

Job title

By signing below I, on behalf of

demonstrate our organisation's commitment to making health and wellbeing a core priority.

Signed

Date

Please ensure this is signed by a Senior Manager/Owner who is responsible for making Health and Wellbeing a core business priority

● Please complete all boxes and email the form to nyworkplacehealth@northyorks.gov.uk