



Proposal to use Links Healthy Living Centre

Name:

Organisation:

Applicant / Organisational Details

Name of your organisation or group:

.....

Address of your organisation or group:

.....

Telephone Number:

Fax Number:

E-mail address:

Name of main contact:

Job title (if applicable):

What type of organisation are you? (please tick)

- Primary Care Trust
- Local Authority
- Other Statutory body
- Voluntary Sector
- Community group / club / association
- Church
- Registered charity
- Private sector company or business
- Other (please state)

Please explain how your proposed service, group or project meets one or more of the key areas of Links Healthy Living Centre listed below:-

- Healthy eating
- Physical activity
- Smoking
- Alcohol
- Drugs
- Domestic abuse
- Mental Health

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

