**Student Support Declaration Form for**  **Food4ChangeCaribbean Story Writing Competition**

*Instructions: At the end of Stage 2 of the Competition, students who are submitting their Scripts must also submit this form with the assistance of their parent and/or guardian and teacher, only if they received mentor support from a teacher. Signatures (signed or typed) are required from both the parent and/or guardian and the teacher.*

I, [type student name here], received support from a teacher during my writing in the *Food4ChangeCaribbean Story Writing Competition.*

My teacher’s information is listed below:

**TEACHER NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEACHER SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TEACHER COUNTRY:**

 JAMAICA BARBADOS ST. KITTS & NEVIS

 **TEACHER GENDER:**

MALE FEMALE

CC

**TEACHER EMAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEACHER TELEPHONE NUMBER (INCLUDE AREA CODE):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The support provided by my teacher is detailed in the table below:

|  |  |  |
| --- | --- | --- |
| **Date** | **Support given** | **Other comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Notes:*

* *Support can include for example:*
	+ *Clarifying the writing process with the student.*
	+ *Ensuring that the application form is properly completed.*
	+ *Ensuring that the student adheres to Competition guidelines.*
	+ *Monitoring the progress of the student to ensure timely completion/delivery.*
	+ *Reading and providing feedback (e.g.: storyline or formatting) to the student.*
	+ *Assisting with submissions to the Competition email.*
* *Teacher support of winning students must be well documented using the table above to be eligible to win the cash prize.*

**Parent or Guardian:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (type or sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (type or sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_