

Complete and send to: **Fairtrade Mark Ireland, Carmichael House, North Brunswick St., Dublin 7.**

## 1. Fairtrade Educational Pack Used

**Second Level Schools:**

**Primary Level Schools:**

Fairtrade CSPE pack used

Fairtrade Alive 0-8 Programme used

Date:	Class/Year:	Teacher:

## 2. Fair Comment Video shown

Date:	Class/Year:	Teacher:

## 3. Only Fairtrade tea and coffee used in the staff room

Fairtrade Products		Brand
Tea	<input type="checkbox"/>	
Coffee	<input type="checkbox"/>	
Sugar <i>(Optional)</i>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	

## 4. Fairtrade products used in all catering outlets

	TUCK SHOP	VENDING MACHINE	CANTEEN	Other _____
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biscuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flapjack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Fairtrade event held during Fairtrade Fortnight

Date:	Event:	Class/Year:	Teacher:

Additional evidence of efforts made:

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**Certificate Details** *Please fill using BLOCK CAPITALS*

Name of School:

Address:

Website:

Email:

Telephone:

Principal:

Main Contact *(Preferably a Teacher)* Name:

Mobile:

Email: