**Healthy Schools Network Award Criteria**



**Bronze Award Criteria**

* Complete the Workbook/Online Self-Assessment to the best of ability (all aspects of the booklet are to be seen as in progress)
* Health and Wellbeing Champion to attend **all** Champions’ Conferences
* Health and Wellbeing Champion to attend **both** Network Meetings *(in the case that the Champion is unable to attend, another member of staff should be sent in their place)*
* ****Deadline to complete the Workbook is the last Friday before May Half Term *(Friday 28th May 2021)*

**Silver Award Criteria**

* All of the above (evidence of the Workbook/Online Self-Assessment being updated)
* Schools to focus on at least **one** of the eight principles of a ‘Whole School Approach’ *(schools are advised to focus on no more than three areas)*
* Schools are to present their project in a number of different ways (presentation, word/pdf, booklet form) If you would like to provide video footage as part of your evidence you are also able to do this
* The project evidence must be a minimum of 1,000 words
* The project must be sustainable for 2 years

**Gold Award Criteria**

* All of the above
* Support **at least one** other school in **one** of the eight principles of a ‘Whole School Approach’
* Support a maximum of **three** schools *(If your school chooses to support more than three schools, we shall only require to have evidence for three schools)*
* We must receive evidence of impact from your school along with the signature of the Headteacher or another member of SLT for the school/s you have supported.
* The evidence must be a minimum of 1,000 words per school
* The school(s) you support can by Healthy Schools Network Members or non-member school. *The school(s) can be from outside of the city but we ideally would like the school(s) you support to be within the city*

**Overall Criteria (FAQ’s)**

* Members are not eligible to go for the Gold Award until they have at least completed the Bronze Award.
* Once a school has completed the Bronze Award, they can decide if they would like to focus on the Silver Award or the Gold Award.
* The award lasts for two years. An example being; if you receive a Bronze Award at the end of the academic year 2020/2021, it will be valid for the academic years 2021/2022 and 2022/2023. Once the academic year 2023/2024 begins, the award will no longer be in date.
* Schools are welcome to be members each year, even if they have got the Gold Award as part of staying up to date.

**SILVER AWARD**

|  |  |
| --- | --- |
| **School Name** |  |

|  |  |
| --- | --- |
| **Health and Wellbeing Champion Name** |  |
| **Health and Wellbeing Champion Email** |  |

|  |  |
| --- | --- |
| **Supporting SLT Name** |  |
| **Supporting SLT Email** |  |

**Your School Based Project**

**Our school is aware that the school based project should be sustainable for a period of 2 years** YES /NO

**Which area of the Whole School Approach will your school based project focus on?**

*(please tick, note you may only select up to three)*

* Curriculum, teaching and learning □
* Ethos and environment □
* Identifying need and monitoring impact □
* Leadership and Management □
* Staff Development □
* Student voice □
* Targeted support □
* Working with parents/carers □

**Which key area(s) does your school based project fit under?**

*(please tick all that are relevant)*

* PSHE □
* SEMH □
* Healthy Eating □
* Physical Activity □

**Title of your school based project**

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|  |

**Brief description of your school based project**

*(please include the outcomes that you expect to achieve)*

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**Who will be involved in your school based project?**

* SLT □
* Support Staff □
* Teaching Staff □
* Lunchtime Supervisors □
* Before School Staff □
* After School Staff □
* Pupils/Students □
* Parents and Carers □
* Community □
* Other (please specify) □

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**Timeline of project**

*(please provide an overview of your project)*

**How will you evidence the success of your project after one year?**

* Presentation
* Word/pdf document
* Booklet form
* Video footage
* Other (please state)

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**How will you evidence the success of your project after two years?**

* Presentation
* Word/pdf document
* Booklet form
* Video footage
* Other (please state)

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| --- |
|  |

**GOLD AWARD**

|  |  |
| --- | --- |
| **School Name** |  |

|  |  |
| --- | --- |
| **Health and Wellbeing Champion Name** |  |
| **Health and Wellbeing Champion Email** |  |

|  |  |
| --- | --- |
| **Supporting SLT Name** |  |
| **Supporting SLT Email** |  |

**Your School Based Project**

**Our school is aware that the school based project should be sustainable for a period of 2 years** YES /NO

**Which area of the Whole School Approach will your school based project focus on?**

*(please tick, note you may only select up to three)*

* Curriculum, teaching and learning □
* Ethos and environment □
* Identifying need and monitoring impact □
* Leadership and Management □
* Staff Development □
* Student voice □
* Targeted support □
* Working with parents/carers □

**Which key area(s) does your school based project fit under?**

*(please tick all that are relevant)*

* PSHE □
* SEMH □
* Healthy Eating □
* Physical Activity □

**Title of your school based project**

|  |
| --- |
|  |

**Brief description of your school based project**

*(please include the outcomes that you expect to achieve)*

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**Who will be involved in your school based project?**

* SLT □
* Support Staff □
* Teaching Staff □
* Lunchtime Supervisors □
* Before School Staff □
* After School Staff □
* Pupils/Students □
* Parents and Carers □
* Community □
* Other (please specify) □

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**Timeline of project**

*(please provide an overview of your project)*

**How will you evidence the success of your project after one year?**

* Presentation
* Word/pdf document
* Booklet form
* Video footage
* Other (please state)

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**How will you evidence the success of your project after two years?**

* Presentation
* Word/pdf document
* Booklet form
* Video footage
* Other (please state)

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| --- | --- |
| **School Name** |  |

|  |  |
| --- | --- |
| **Health and Wellbeing Champion Name** |  |
| **Health and Wellbeing Champion Email** |  |

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| --- | --- |
| **Supporting SLT Name** |  |
| **Supporting SLT Email** |  |

**Supporting another school**

**Please list the school that you are supporting**

|  |  |
| --- | --- |
| **School Name** |  |
| **Headteacher Name** |  |
| **Headteacher Email** |  |
| **Headteacher Signature** |  |

**Which area of the Whole School Approach will you be supporting the school?**

*(please tick, note you may only select up to three)*

* Curriculum, teaching and learning □
* Ethos and environment □
* Identifying need and monitoring impact □
* Leadership and Management □
* Staff Development □
* Student voice □
* Targeted support □
* Working with parents/carers □

**Please provide a brief outline of what you will be supporting the school with**

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**Timeline of project**

*(please provide an overview of the support)*

**How will you evidence your support?**

* Presentation
* Word/pdf document
* Booklet form
* Video footage
* Other (please state)

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