



Register of Intent

Company Details

Company Name: _____

Key Contact(s) and position(s): _____

Email address(s): _____

Contact telephone number(s): _____

Business Address: _____

_____ Postcode: _____

Number of employees on site: _____

Business HQ Address (if different from above): _____

Is your business in a rural or urban location? Rural Urban

Potential Health Champion Name: _____

Email: _____

Contact number: _____

Signature of intent from business leader

I _____ (name)

_____ (position)

_____ (company name)

commit to improving workplace health and wellbeing.

Signature: _____ Date _____

(Please email a scanned copy to workplacehealth@healthmattersni.com or post to **11 Monaghan Court, Monaghan Court, Newry, BT35 6BH.**)

Initial meeting with Health Matters Health, Safety & Wellbeing Coordinator

Proposed initial meeting with the Health Safety & Wellbeing coordinator (within 2 weeks of signing)

Date: _____ Time: _____ (TBC)

NEWRY
Tel: (028) 3025 6482

BELFAST
Tel: (028) 9002 0044

DUBLIN
Tel: 01862 5092



E-mail: workplacehealth@healthmattersni.com Online: www.healthmattersni.com