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| **Project Name:** |  |
| **School/College:** |  |
| **Country:** |  |
| **Project Leader name:** |  |
| **Project leader email:** |  |
| **GSL Teacher/Adviser name:** |  |
| **GSL Teacher/Adviser email:** |  |
| **Project Social Media Accounts:** |  |
| **Project member name(s) (max of 7):** | **Role:** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| Global Goals:  | **Please insert ‘yes’ for the goals your project is aiming to address:** |
| **GOAL 1: No Poverty** |  |
| **GOAL 2: Zero Hunger** |  |
| **GOAL 3: Good Health and Well-being** |  |
| **GOAL 4: Quality Education** |  |
| **GOAL 5: Gender Equality** |  |
| **GOAL 6: Clean Water and Sanitation** |  |
| **GOAL 7: Affordable and Clean Energy** |  |
| **GOAL 8: Decent Work and Economic Growth** |  |
| **GOAL 9: Industry, Innovation and Infrastructure** |  |
| **GOAL 10: Reduced Inequality** |  |
| **GOAL 11: Sustainable Cities and Communities** |  |
| **GOAL 12: Responsible Consumption and Production** |  |
| **GOAL 13: Climate Action** |  |
| **GOAL 14: Life Below Water** |  |
| **GOAL 15: Life on Land** |  |
| **GOAL 16: Peace and Justice Strong Institutions** |  |
| **GOAL 17: Partnerships to achieve the Goal** |  |
| **Project overview:**(what do you want to achieve and what is the issue you are trying to tackle?)**:** |
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| **Project objectives/;**(at least 3 aims, one that includes how many people will benefit from your project): |
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| **What resources do you need? How do you plan to get them?** |
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| **Community Partners:** Are there other organisations doing similar things that you could partner with or draw inspiration from? |
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| **People:** What skills do you have in your current team that you could use? Do you have gaps? If yes, how could you fill this gap? |
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| **Funding – do you need money, and if so how will you find it?** |
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| **How will you measure the impact of your project?** |
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| **What risks do you face?** | **How will you mitigate the risk?** |
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| **Before carrying out this project, your plan should be signed & dated by your teacher:** |
| **Teacher name:** | **Signed:** | **Dated:** |
|  |  |  |

Once completed and approved by your teacher, please submit this plan for feedback from the GSL Team at the following link: <https://www.globalsocialleaders.com/submission/>