**CommUnity Connect Louth & Meath Network**  
**Expression of Interest (EOI) Form**

Thank you for your interest in joining the CommUnity Connect Network. We are excited to collaborate with community groups and organisations across Louth and Meath to foster connection, wellbeing, and positive community impact.

Please complete this form to express your interest in being part of the Network.

**1. Organisation/Group Information**

* **Name of Group/Organisation**:
* **Primary Contact Name**:
* **Role within Group/Organisation**:
* **Contact Number**:
* **Email Address**:
* **Full Address** (including Eircode):

**2. About Your Organisation**

* **Brief Description of Your Group/Organisation** (including key activities, focus areas, and target groups):

**3. Nomination of a CommUnity Connect Champion**

Would your group/organisation consider nominating a CommUnity Connect Champion?  
(Champions will represent your group in training and help promote wellbeing initiatives within your community.)

* ☐ Yes, we would consider nominating a CommUnity Connect Champion
* ☐ No, not at this time

**4. Declaration**

By submitting this form, I confirm that I am an authorised representative of the group/organisation listed above and express our interest in participating in the CommUnity Connect Network.

* **Name**:
* **Signature**:
* **Date**:

Please return this completed form to:  
**Email**: [healthymeath@meathcoco.ie](mailto:healthymeath@meathcoco.ie)   
**Mail**: **Buvinda House, Dublin Road, Navan, Co. Meath C15Y291**

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