**Cabinteely Community School**

**Anti-Bullying Team Application Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What do you think causes people to pick on others?**

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1. **What impact does it have on the person being bullied?**

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1. **What ideas do you have to deal with bullying in the school?**

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1. **What do you think you can contribute to the Anti-bullying Team of students and staff?**

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