



**FEEDBACK FORM  
MENTAL HEALTH: LET'S MAKE IT HAPPEN**

**LOCAL ELECTION SPECIAL I**

**Your Contact Details**

**Name:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_

**Address:**

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**Email.** \_\_\_\_\_ **Tel.** \_\_\_\_\_

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**What Electoral Ward are you in?** \_\_\_\_\_

**Who did you contact?**

Candidate Name	Party	Did You Receive a Response from the Candidate (Y/N)?	Did the Candidate Endorse the Manifesto (Y/N)?

**NB. Do not forward response letters to the office. Please keep them for your own records as we will be following up with these candidates after the election.**

**PLEASE SEND ALL THE FEEDBACK TO:**  
Barry Johnston, 18-21 Westmoreland Street, Ballast Hse, 1<sup>st</sup> Floor, Dublin 2  
Email: mentalhealth@amnesty.ie Tel. 01 8638325