

School Request Form

Name of School/TAFE/University:	Click here to enter text.		
Details of Request			
Date of proposed Event:	Click here to enter a date.	Location:	Click here to enter text.
Alternate date (if applicable)	Click here to enter a date.		
Start Time:	Click here to enter text.		
End Time:	Click here to enter text.		
Type of Request:	Choose an item. If other, please specify: Click here to enter text.	Target Audience:	Choose an item.
Number of Participants:	Click here to enter text.	Target Group:	Click here to enter text.
Details of Request: i.e information you would like presented; outcomes you would like to achieve and/or resources required.	Click here to enter text.		
Reason for request:	Click here to enter text.		
Requester Details			
Name:	Click here to enter text.	Phone:	Click here to enter text.
Position:	Click here to enter text.	Email:	Click here to enter text.
Organisation:	Click here to enter text.	Date:	Click here to enter a date.

*All requests will be subject to availability and approval process. You will be contacted to discuss your request.

Office Use Only: Request Approved Choose an item. School contacted: Click here to enter a date. Initial: _____

Enquiries contact School-Link Consultation Line 0414 193 139. Please fax completed form to 02 4328 7366 or email CCLHD-School-Link@health.nsw.gov.au