# Education, Information and Activity

# Request Form

Please note that this request requires at least 3 weeks’ notice to ensure appropriate preparation and staff booking. If you have difficulty completing this form, please call headspace Townsville on 07 4799 1799.

Contact Details

School/Organisation Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Request Details

What is the aim of this program/service delivery?

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**Participant’s Profile**

Expected number of participants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age range of participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of sessions to be delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site for delivery:**

[ ]  School

[ ]  Community venue

[ ]  headspace Townsville – Auditorium (max 50 participants)

[ ]  headspace Townsville - Shedspace (manual arts room, art room, music room)

headspace Townsville always endeavours to deliver high quality programs suitable to each specific audience. At times due to the nature of requests and the research, preparation, and delivery time involved, headspace Townsville will need three weeks’ notice prior to any service delivery/program. After submission of this form, you will be contacted by a headspace Townsville staff member who will direct you on how to proceed.

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

Please send this completed form to headspace Townsville atheadspace.townsville@stride.com.au

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