**Attendance Request Form**

Please complete this form and submit to the Community Development Worker at **headspace** Albury Wodonga.

Please note that **headspace** Albury Wodonga provides community presentations that are of a general nature with a health promotion focus.

The presentations have been created to promote positive mental health and well-being and to encourage early help seeking behaviour amongst young people.

We are unable to deliver presentations which are a medical intervention or have a therapeutic focus.

Please send your request form by email to:

E: headspaceAW@gatewayhealth.org.au

Phone enquiries may be directed to Bree Cross 02 6055 9555.

**Please note:** headspace gets many requests to attend organisations and events; in order to plan and provide the right staff, information and resources we ask that you give a **minimum of six weeks’ notice** prior to your requested attendance date. Whilst we want to meet as many requests as possible, it isn’t always possible to meet them all

 **Attendance Request Form**

**Please tick**

[ ]  Visit / presentation

[ ]  School

[ ]  Event

[ ]  Community Group

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| **Organisation name:** |
| Click here to enter text. |

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| **Type of Organisation Eg. School, Community Centre** |
| Click here to enter text. |

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| **Address of Organisation:** |
| Street Address: Click here to enter text. |
| Suburb/Town: Click here to enter text. | State: Click here to enter text. | Postcode: Click here to enter text. |

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| **Contact Information:** please nominate one key contact for your organisation that will manage this and future requests. Eg. Head Welfare Officer |
| Name: Click here to enter text. |
| Position: Click here to enter text. |
| Email: Click here to enter text. |
| Phone: Click here to enter text.  | Mobile: Click here to enter text. |

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| **Attendance details: venue, date(s) and time(s)** |
| Date of event being requested: Click here to enter a date. Click here to enter text. |
| Time: Click here to enter text. |
| Location: Click here to enter text.  |
| Indoors: [ ] Outdoors: [ ] Power Supply: Yes: [ ]  No: [ ] A/V facilities: Yes: ☐ No: ☐Internet access for presentations: Yes: [ ]  No: [ ]  |

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| **Purpose of headspace attendance –**please include number of people expected to be present. |
| Click here to enter text. |

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| **Expected outcome(s) of headspace attendance:** |
| Click here to enter text. |

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| **Are there any issues or incidents which headspace Albury Wodonga should be aware of before presenting at the school?** |
| Click here to enter text. |

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| **If you are a school, have you received any prior support from headspace School Support?** |
| [ ]  Yes[ ]  No |

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| **Further Comments:** |
| Click here to enter text. |

