***In-service Tour-*** Request Form

Please complete this form ONLY if your request is in relation to:

**In-service Tour** - you can request that headspace hosts a tour of our centre and short discussion on services and referral pathways for up to 10 staff.

*Please complete this as a* ***word document*** *and return via* ***email*** *to:*

*headspaceCDT@ucmh.org.au*

*We will respond to all requests within* ***two weeks****.*

|  |  |
| --- | --- |
| **Please provide the**  | **following information:** |
| Today’s date: | ………………………………………………………………… |
| Your name: | ………………………………………………………………… |
| Organisation: | ………………………………………………………………. |
| Phone number: | ………………………………………………………………. |
| Fax number: | ………………………………………………………………. |
| Email: | ……………………………………………………………….. |
|  |  |
| Your closest headspace centre: | [ ]  Parramatta[ ]  Mt Druitt[ ]  Penrith |
|  |  |
|  |  |
| Do you wish to join our mailing list? | [ ]  Yes[ ]  No |

**In-service tour** – The Community Development Team can provide tours and visits at our local headspace centres **for service providers.**

Throughout the in-service tour a member of our Community Development Team will provide you with an overview of the services, staff and resources on site at this centre, in addition to information on making appropriate referrals to headspace.

Please tell us what is the aim of this in-service tour?

|  |
| --- |
|  |

How many people do you expect to attend the in-service tour (1 – 10 people)?

|  |
| --- |
|  |

Which headspace centre would you like to visit?

[ ]  Parramatta

[ ]  Mt Druitt

[ ]  Penrith

On what date and at what time of day would you like the in-service tour to take place? (Please provide a range of possible dates or times)

|  |
| --- |
|  |

