**Psychoeducation and community engagement request form**

Please fill out this form and return to:

**Elise, Community Engagement Officer**headspace Bairnsdale
171 Main Street, Bairnsdale
info@headspacebairnsdale.org.au
Ph: 5141 6200

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| --- |
| **Details** |
| Organisation |  |
| Contact Person |  |
| Phone |  |
| Email |  |
| Proposed session dates |  |
| Proposed session times |  |
| Session location |  |
| Audience age group |  |
| Type of participation i.e are the young people required to attend, volunteering their time or registering their interest  |  |
| **Background** |
| Session topicPlease provide as much information about what you would like us to cover |  |
| Estimated level of knowledge about topic(low/med/high + detail) |  |
| Why are you requesting the session & what are your organisations desired outcomes from this session  |  |
| Resources availablee.g. projector, laptop, whiteboard, outdoor spaces etc.  |  |
| Would you like to receive input or review on your event by the headspace Youth Advisory Group?  |  |
| **Other comments or information?** |
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All requests will be considered however our capacity is dependent on the availability staff.
A minimum of 4 weeks’ notice prior to an event would be appreciated.
Thank you!