# headspace Lithgow community engagement request form

Building positive relationships with the community is important to us. Please complete the following information and we will do the upmost to accommodate your request.

E-mail completed form or queries to: hs.lithgow@marathonhealth.com.au

**contact details:**

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| Organisation: |  | Contact number: |  |
| Your name: |  | **Email:** |  |
| Position: |  |  |  |

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| --- | --- |
| Request type (please tick) | |
| headspace mental health and wellbeing resources |  |
| Service details/presentation |  |
| Guest speaker |  |
| Staff presentation on topic/content (e.g. connections, bullying ) |  |
| Other event/activity (please give detail below) | |
|  | |



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| --- | --- |
| Request title: |  |
| Location Address: |  |
| Date: |  |
| Preferred time: |  |
| Location address: |  |
| Age/school year of attendees: |  |

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| **Why is headspace Lithgow appropriate for your event?** |
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| **Request description:** |
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| **Desired outcome:** |
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| **Media attending (would you require headspace to do media interviews)?** |
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