Form – Service Request

Please refer to the Service Request Guidelines and Health Promotion Education Workshops prior to completing this form.

Contact details

Name	
Position	
Organisation	
Email	
Phone	

Service request details

Program	☐ DAIR	☐ ARTucation	☐ Quit SAFE (Cessation model)	
Preferred duration of each workshop	☐ 45 minutes	☐ 1 hour	☐ 1.5 hours	☐ 2 hours
Workshop frequency	☐ Weekly	☐ Fortnightly		
Preferred commencement date/s:	Date 1:	Date 2:	Date 3:	Date 4:
Start – finish time				
Location				

Seminar	☐ Party SAFE	☐ Quit SAFE	☐ Sport SAFE	☐ Cyber SAFE	☐ AOD Link
Preferred duration	☐ 45 minutes	☐ 1 hour	☐ 1.5 hours	☐ 2 hours	
Preferred date and time	Date 1:	Date 2:	Date 3:	Date 4:	
Start – finish time					
Location					

Logistics

Equipment available at location	☐ Chairs	☐ Desks	☐ Whiteboard	☐ SMART Board
	☐ Data projector	☐ TV and DVD player	☐ Sink	

Participants	☐ Young people	☐ Workers	☐ Teachers	☐ Parents and carers
If young people, supervision will be provided by	☐ Unable to provide	☐ Workers	☐ Teachers	☐ Parents and carers
If young people, please list age range				
Number of participants				
Number of participants identifying as	Male _____		Aboriginal and Torres Strait Islanders _____	
	Female _____		Culturally and linguistically diverse _____	
	Non-specific _____			
Do any of the participants experience any of the following?	☐ Intellectual disability	☐ Developmental disability	☐ Physical disability	
	☐ Sensory disability	☐ Learning differences	☐ Low literacy levels	
	☐ Attention Deficit Disorder	☐ Oppositional Defiance Disorder	☐ Mental health issue	
	Other (please list):			
Have any of the participants been affected by any of the following experiences?	☐ Substance abuse	☐ Criminal activity	☐ Trauma or abuse	
	☐ Mental illness	☐ Self-harm	☐ Suicide	
	☐ Bullying	☐ Family breakdown	☐ Domestic violence	
	Other (please list):			

Office use

Date received			**Accepted**	☐ Yes	☐ No (please specify):
Delivery date/s and time					
Allocated to	☐ CC	☐ HPO	☐ PSO	☐ YDC	☐ CEO
Peer educators	☐ Not required	☐ Required	Peer educator names:		
Entered	☐ Register	☐ Calendar			
Stakeholder informed	☐ Yes				
CEO signature			**Date**		