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 ________________ Female ________________ Non-specific ________________	Aboriginal and Torres Strait Islanders ________________ Culturally and linguistically diverse ________________		
Do any of the participants experience any of the following?	☐ Intellectual disability ☐ Sensory disability ☐ Attention Deficit Disorder Other (please list):	☐ Developmental disability ☐ Learning differences ☐ Oppositional Defiance Disorder	☐ Physical disability ☐ Low literacy levels ☐ Mental health issue	
Have any of the participants been affected by any of the following experiences?	☐ Substance abuse ☐ Mental illness ☐ Bullying Other (please list):	☐ Criminal activity ☐ Self-harm ☐ Family breakdown	☐ Trauma or abuse ☐ Suicide ☐ Domestic violence	

Office use

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