

# Form – Service Request

Please refer to the [Service Request Guidelines](#) and [Youth Solutions Information Pack](#) prior to completing this form.

## Contact details

<b>Name</b>	
<b>Position</b>	
<b>Organisation</b>	
<b>Email</b>	
<b>Phone</b>	

## Service request details

<b>Program</b>	<input type="checkbox"/> DAIR	<input type="checkbox"/> ARTucation	<input type="checkbox"/> Quit SAFE (Cessation model)
<b>Preferred duration of each workshop</b>	<input type="checkbox"/> 45 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1.5 hours
<b>Workshop frequency</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	
<b>Preferred start date/s:</b>	Date 1:	Date 2:	Date 3:
<b>Start – finish time</b>			
<b>Location</b>			

<b>Program</b>	<input type="checkbox"/> Party SAFE	<input type="checkbox"/> AOD Link	<input type="checkbox"/> YS General	
<b>Preferred duration</b>	<input type="checkbox"/> 45 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1.5 hours	<input type="checkbox"/> 2 hours
<b>Preferred date and time</b>	Date 1:	Date 2:	Date 3:	Date 4:
<b>Start – finish time</b>				
<b>Location</b>				

## Logistics

<b>Equipment available at location</b>	<input type="checkbox"/> Chairs	<input type="checkbox"/> Desks	<input type="checkbox"/> Whiteboard	<input type="checkbox"/> SMART Board
	<input type="checkbox"/> Data projector	<input type="checkbox"/> TV and DVD player	<input type="checkbox"/> Sink	
<b>Participants</b>	<input type="checkbox"/> Young people	<input type="checkbox"/> Workers	<input type="checkbox"/> Teachers	<input type="checkbox"/> Parents and carers
<b>If young people, supervision will be provided by</b>	<input type="checkbox"/> Unable to provide	<input type="checkbox"/> Workers	<input type="checkbox"/> Teachers	<input type="checkbox"/> Parents and carers
<b>If young people, please list age range</b>				
<b>Number of participants</b>				
<b>Number of participants identifying as</b>	Male _____	Aboriginal and Torres Strait Islanders _____		
	Female _____	Culturally and linguistically diverse _____		
	Non-specific _____			
<b>Do any of the participants experience any of the following?</b>	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Physical disability	
	<input type="checkbox"/> Sensory disability	<input type="checkbox"/> Learning differences	<input type="checkbox"/> Low literacy levels	
	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Oppositional Defiance Disorder	<input type="checkbox"/> Mental health issue	
	Other (please list):			
<b>Have any of the participants been affected by any of the following experiences?</b>	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Criminal activity	<input type="checkbox"/> Trauma or abuse	
	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Self-harm	<input type="checkbox"/> Suicide	
	<input type="checkbox"/> Bullying	<input type="checkbox"/> Family breakdown	<input type="checkbox"/> Domestic violence	
	Other (please list):			

## Office use

<b>Date received</b>		<b>Accepted*</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please specify):			
<b>Delivery date/s and time</b>							
<b>Allocated to</b>	<input type="checkbox"/> HPC	<input type="checkbox"/> PSO	<input type="checkbox"/> YCDC	<input type="checkbox"/> RDC	<input type="checkbox"/> CRCC	<input type="checkbox"/> PC	<input type="checkbox"/> CEO
<b>Peer educators</b>	<input type="checkbox"/> Not required	<input type="checkbox"/> Required	Peer educator names:				
<b>Additional document</b>	<input type="checkbox"/> Form – ARTucation Program Request		<input type="checkbox"/> Form – DAIR Program Request				
<b>Entered*</b>	<input type="checkbox"/> Register		<input type="checkbox"/> Calendar				
<b>Stakeholder informed</b>	<input type="checkbox"/> Yes						
<b>CEO signature*</b>			<b>Date</b>				

\*only required for Party SAFE, AOD Link and YS General presentations