**Presentation Request Form**

Email to: headspacebrookvale@newhorizons.org.au

|  |
| --- |
| **Referrer’s details** |
| Name: |  |
| Position: |  | Date: |
| Organisation/school: |  |
| Email: |  |
| Contact no: |  | Fax: |
| Have you engaged or someone else with headspace Brookvale before? | [ ] Yes [ ] No |
| If YES please confirm details |  |

|  |  |
| --- | --- |
| **Details about Presentation** |  |
| Topics you are seeking to cover? |  |
| Audience Size? |  |
| Age Range/Year in School? |  |
| What are you hoping to achieve through a presentation being delivered? |  |
| We strongly recommend anyone making a an enquiry or booking to also **call and speak to the Community Engagement Coordinator** on: (02) 9937 6500Enquiries and bookings are reviewed to ensure the best possible experience for the target audience. We will be in touch after to discuss content and logistics of the school presentation.**headspace** Brookvale provides interactive community presentations that are of a general nature with a health promotion focus.  **We cannot provide therapeutic sessions**. If you have young people who require psychological support we suggest referring them dependent on individual needs to our Youth Access Team who can provide appropriate support. Youth Access Team members can be contacted on (02) 9937 6500 during business hours. |