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| headspace Presentation Request Form | | | |
| Organisation Name: |  | | |
| Organisation Address: |  | | |
| Name of Requester: |  | | |
| Position of Requester: |  | | |
| Phone (mobile): |  | | |
| Email: |  | | |
| Details of Request: | | | |
| Date of proposed event:  Alternate date(if applicable) |  | Event/Presentation Start Time: (from 9:30am) | |
|  |
| Age range/year group |  | Number of Participants: | |
| **What would you like us to do? Please tick box/boxes** | | | |
| **Presentations Available (please select one only):**  **Mental Health Presentation for large and small groups:**  **□ *Mental Health and headspace*** (this one off presentation provides a brief overview of the following topics: mental wellness; different types of mental health problems; tips for improving your mental health; common mental health problems such as anxiety, depression and stress; when and where to get help)  *\* This is 45-60min interactive presentation that is youth friendly and have received very positive feedback*  **Mental Health Literacy Presentations for small groups (class size)**  **□** Stress (one off presentation of 30 – 45 min)  **□** Anxiety (one off presentation of 30 - 45 min)  □ Depression (one off presentation of 30 - 45 min)  *All presentations appropriate for young people aged 12-25 years* | | | **Resources:**  **□** Fact Sheets  **□** Posters  \*\*The requester is responsible for managing the way the merchandise is utilised by the young person during and after the presentation.    **On the day:**  Please have a computer and a screen available. Presenter will bring their own USB with PowerPoint Slides. |
| \*All requests will be subject to availability and approval process. You will be contacted to discuss your request. | | | |

**Please email your request to** [**silas.pollard@health.nsw.gov.au**](mailto:silas.pollard@health.nsw.gov.au)

**any further enquiries, contact headspace Gosford on 02 43047870**