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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**

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