**Psychoeducation and community engagement request form**

Please fill out this form and return to:

**Elise, Community Engagement Officer**headspace Bairnsdale  
171 Main Street, Bairnsdale  
info@headspacebairnsdale.org.au  
Ph: 5141 6200

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| --- | --- |
| **Details** | |
| Organisation |  |
| Contact Person |  |
| Phone |  |
| Email |  |
| Proposed session dates |  |
| Proposed session times |  |
| Session location |  |
| Audience age group |  |
| Type of participation  i.e are the young people required to attend, volunteering their time or registering their interest |  |
| **Background** | |
| Session topic Please provide as much information about what you would like us to cover |  |
| Estimated level of knowledge about topic (low/med/high + detail) |  |
| Why are you requesting the session & what are your organisations desired outcomes from this session |  |
| Resources available  e.g. projector, laptop, whiteboard, outdoor spaces etc. |  |
| Would you like to receive input or review on your event by the headspace Youth Advisory Group? |  |
| **Other comments or information?** | |
|  | |

All requests will be considered however our capacity is dependent on the availability staff.   
A minimum of 4 weeks’ notice prior to an event would be appreciated.   
Thank you!