

# Education Session Booking Request

Whilst **headspace** Berri aim to support as many services as possible, this request will be considered with regard to **headspace** Berri's capacity. Completion of this booking request does not guarantee availability. Once form is completed please forward via fax to 8582 3190 or email [headspace@riverlandgp.org.au](mailto:headspace@riverlandgp.org.au). A **headspace** Berri staff member will be in contact with you within 2 working days.

## Your Details:

Name: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Request:

Date session required: \_\_\_\_\_  
Time session required: \_\_\_\_\_  
Location of session: \_\_\_\_\_  
How many staff/responsible adults will be present for duration of session: \_\_\_\_\_  
Ages of group: \_\_\_\_\_  
How many people will be present: \_\_\_\_\_  
Any special requirements of this group: \_\_\_\_\_  
Additional information: \_\_\_\_\_

## Request:

- |   |   |
|---|---|
| <input type="checkbox"/> Meet <b>headspace</b>              | <input type="checkbox"/> Depression     |
| <input type="checkbox"/> Parent/Teacher Information Session | <input type="checkbox"/> Stress         |
| <input type="checkbox"/> <b>headspace</b> information booth | <input type="checkbox"/> Bullying       |
| <input type="checkbox"/> Coaching Young People for success  | <input type="checkbox"/> AOD Safe Party |
| <input type="checkbox"/> Dove BodyThink                     | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Anxiety                            |   |

