**headspace Hurstville Booking Request Form**

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| **School/Organisation** |  | | |
| **Contact Person** |  | **Position** |  |
| **Address** |  | | |
| **Phone** |  | | |
| **Email** |  | | |
| **Preferred method of contact** |  | | |
| **Please provide 3 dates in order of preference (allow for**  **one-month lead time**  **for all requests)** | **1.**  **2.**  **3.** | | |
| **Start time** |  | | |
| **End time** |  | | |
| **Workshop**  **(see outline above)** | * General Mental Health and Wellbeing * A healthy self * What is headspace * Healthy relationships * How to help a mate * Dealing with exam stress | | |
| **Year group(s)** |  | | |
| **Number of students** |  | | |
| **Has anyone from headspace Hurstville spoken to your staff/welfare team?** | **Y/N**  **If not, we recommend that this is arranged so your staff are aware of our services too.** | | |

**Are there any issues or incidents which headspace Hurstville should be aware of before presenting?**

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**Further comments or notes?**

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**Please return to the attention of Community Engagement Officer, 41 Dora St Hurstville, 2220. T: 02 8048 3350 F: 02 8048 3399**

**E:** [headspace.hurstville@headspaceaftercare.org.au](mailto:headspace.hurstville@headspaceaftercare.org.au)

**Please note: we are happy to receive your requests. Due to a high demand for this service and a requirement to cover the St George Region, we are unable to guarantee our availability on requested dates.**