**headspace Miranda 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 Miranda 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 Miranda 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, 5/522 Kingsway, Miranda, 2228. T: 02 9575 1500 F: 02 9575 1544**

**E:** headspace.miranda@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 Sutherland Shire region, we are unable to guarantee our availability on requested dates.**