

Request Form: MENTAL HEALTH EVENT



Please complete this form and return via email to:
headspace.Redcliffe@openminds.org.au

We will respond to all requests within **two weeks**.

Use this form if you are organising an event/expo and would like **headspace Redcliffe** to attend.

The Community Development Team can participate in community, service and school events through a range of health and service promotion activities. We will provide an interactive stall to distribute information around mental health, how to increase positive mental health, and how to link in with our service.

To progress your request, please provide us with the following information:

Today's date: _____
Your name: _____
Organisation: _____
Phone number: _____
Email: _____

Event details

Event date: ____/____/____ Start time: _____ am/pm End time: _____ am/pm
Event location: _____
Contact person on the day: _____ Phone: _____

Please tell us what kind of event you are inviting us to and your expectation of the community development team:

What is your expected audience for this event?

- Young people (aged 12-25) Parents, family members, or carers of young people
 Service providers Members of the general community
 Other (please specify): _____

How many people do you expect to attend the event? _____

OFFICE USE ONLY

<p>Calendar Availability:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Merchandise/Fact Sheets Required:</p> <p>•</p>
<p>Approved Not Approved</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>•</p>
<p>Event organiser notified: ____/____/____</p>	<p>•</p>
<p>Staff / Volunteers needed:</p> <ul style="list-style-type: none"> • Pre-event (__) _____ _____ • At event (__) _____ _____ • Post-event (__) _____ _____ 	<p>•</p> <p>•</p> <p>•</p> <p>•</p> <p>•</p> <p>•</p> <p>•</p> <p>•</p>

Post Event Evaluation	
<p>Primary Purpose</p> <p><input type="checkbox"/> Community Awareness</p> <p><input type="checkbox"/> Mental Health Literacy/Training</p> <p><input type="checkbox"/> Stakeholder Engagement</p> <p><input type="checkbox"/> Marketing</p> <p><input type="checkbox"/> Meeting/Planning/Networking</p> <p><input type="checkbox"/> Group Session/Group Work</p>	<p>Specific Target Group</p> <p><input type="checkbox"/> Aboriginal and Torres Strait Islander</p> <p><input type="checkbox"/> LGBTQI</p> <p><input type="checkbox"/> Culturally and Linguistically Diverse</p> <p><input type="checkbox"/> Young Men</p> <p><input type="checkbox"/> At risk of homelessness</p> <p><input type="checkbox"/> Other _____</p>
<p>Audience Reached</p> <p><input type="checkbox"/> Young people 12-17</p> <p><input type="checkbox"/> Young people 18-25</p> <p><input type="checkbox"/> Young people 12-25</p> <p><input type="checkbox"/> Family and Friends</p> <p><input type="checkbox"/> General Community</p> <p><input type="checkbox"/> Service Providers</p> <p><input type="checkbox"/> Other _____</p>	<p>Number Reached</p> <p><input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10</p> <p><input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50</p> <p><input type="checkbox"/> 51-100 <input type="checkbox"/> 101-250</p> <p><input type="checkbox"/> 251-500 <input type="checkbox"/> 501-1000</p> <p><input type="checkbox"/> 1001-more</p>
	<p>School / Uni / Tafe Activity <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Youth Participation involved <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Centre led & developed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>