

headspace Wonthaggi

Event Request Form

Thank you for considering headspace Wonthaggi to be a part of your event. Please complete the following form and return it to info@headspacewonthaggi.org.au. headspace Wonthaggi will respond within five business days of receiving your application.

Today's date:	
Organisation requesting:	
Contact name:	
Contact phone number:	
Title of Event:	
Date of event:	
Location of event:	
Event Start/Finish time:	
Preferred arrival time to set up:	
Purpose of the event:	
Please provide a description of your plan for the day:	
Expected number of attendees:	
Who will be present at your event? (Please tick) Young people 12—17: ☐ Young children 0-12: ☐ Young people 18—25: ☐ Community members: ☐ Parents/carers/family: ☐ Staff: ☐ Others (Please describe): ☐ _____ 	

Please provide any other specific information we need to know about the audience:

Which headspace service option/s are you requesting? (please tick)

headspace presentation: ☐

(includes introduction to the service and tips for a healthy headspace)

headspace pop-up, stand or stall: ☐

headspace workshop: ☐

Topic for workshop: _____

Panel discussion: ☐

Topic of discussion: _____

Printed materials/merchandise: ☐

Other: ☐

Is it appropriate for headspace Youth Advisory Group (YAG) members to be involved? (YAG members are aged between 15 and 25 and work closely with headspace Wonthaggi).

Yes: ☐ No: ☐

What equipment will you have available at the event? (please tick)

Table (for pop-up): ☐ Power access ☐

Chairs ☐ Internet access ☐

Marquee (if outdoors) ☐ Microphone/Speakers ☐

Laptop, projector and screen (for workshops) ☐

Is free parking available close by? Yes ☐ No ☐

Please describe:

Are our staff able to take photographs for promotional purposes, including headspace social media platforms?

Yes ☐ No ☐

Is there anything else we need to know? (Please include fliers, maps, run sheets, risk assessments or other key information via email attachment with this form).

OFFICE USE ONLY – DO NOT COMPLETE

Clinical Lead Approval: Yes ☐ No ☐

Comments:

Signature:

Date:

Centre Manager Approval: Yes ☐ No ☐

Comments:

Signature:

Date: