headspace Wangaratta provides community presentations that are of a general nature with a health promotion focus.

The presentations have been created to promote positive mental heal and well-being and to encourage early help seeking behaviours amongst young people.

We are unable to deliver presentations which are a medical intervention or have a therapeutic focus.

Please complete this form and submit by email  
Email: [headspacewangaratta@gatewayhealth.org.au](mailto:headspacewangaratta@gatewayhealth.org.au)   
Phone enquires may be directed to headspace Wangaratta1300 332 022

Please note: headspace gets many requests to attend organised and events.   
In order to plan and provide the right staff, information and resources we ask that you give a **minimum of six weeks’ notice** prior to your requested attendance date.   
Whilst we want to meet as many requests as possible, it isn’t always possible to meet them all.

Please tick  
 Visit/Presentation

 School

 Event

 Community Group

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| --- |
| **Organisation Name** |
|  |

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| --- |
| **Type of Organisation e.g. School, Community Centre** |
|  |

|  |  |
| --- | --- |
| **Address of Organisation** | |
| Street address | |
| Suburb/Town | Postcode |

|  |
| --- |
| **Contact Information:** Please nominate one key contact for your organisation that will manage this and future requests |
| Name: |
| Position |
| Email: |
| Phone: |

|  |
| --- |
| **Attendance details** |
| Date of event being requested: |
| Time |
| Location |
|  Indoors   Outdoors  Power Supplied Yes  No   A/V facilities Yes  No   Internet access for presentations Yes  No  |

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| **Purpose of headspace attendance –** please include number of people expected to be present |
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| **Expected Outcome(s) of headspace attendance** |
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| **Are there any issues or incidents which headspace Wangaratta should be aware of prior to attending** |
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| **If you are a school, have you received any prior support from headspace School Support?** |
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| **Further Comments** |
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