**School Booking Request Form**

**Mental Health Literacy Assembly Presentations (5 mins)**

Whilst **headspace Taringa** aims to support as many services and schools as possible, this request will be considered with regard to **headspace Taringa’s** capacity. Completion of this booking request does **not** guarantee availability. A response to your booking enquiry will generally be given in 7-10 working days.

**School Details:**

School Name: …………………………………………………………………………………........................

Contact Person/s: ………………………………………../…………………...................................................

Phone Number/s…………………………………………./…………………..................................................

Email Address/s: …………………………………………/…………………..................................................

**Request Details:**

Option 1: Day: …………………… Date: ………………… Time: …………………………………..

Option 2: Day: …………………… Date: ………………… Time: …………………………………..

Resources Required: ……………………………………………………………………………………………..

Address and location of presentation: …………………………………………………………………………

**Who:** Year level / key audience we will be engaging with? (*Please circle)*

**Junior Assembly Senior School Whole of School Assembly**

**Other** (please specify) ……………………………………………………………………………………………

Expected number of students/attendees?

**50- 100 100 - 250 250- 500 500-1000 1000+**

**Reason for Request:** (Please identify anykey issues or concerns).…………………………………………………………………………………………………………..

**Please** indicate if you would like Headspace Taringa to provide your school with an Information Pack and resources in addition to the presentation? (*Please circle)*  **YES / NO**

**Where** did you hear about Headspace Taringa Services? .......................................................................

**Thank you for your enquiry!**

\*\*\*Please note that we require access to a data projector, laptop and speakers for presentation purposes and an allocation of space where an information stall has been requested\*\*\*