



dhcs | ACT

department of
disability, housing &
community services

Therapy ACT

REQUEST FOR SERVICE

(HEALTH PROMOTION / COMMUNITY EDUCATION / MARKETING)

REGISTRATION FORM

Complete this form for all education, health promotion and marketing events. (This includes things like new mothers' groups, school in-services, induction training for disability staff etc.)

Date of request:
Person/agency registering request:
Proposed Topic / Event:
Target group / population:
Proposed number of participants:
Proposed Venue:
Proposed Date/s:
Other agencies involved & brief description of involvement: [eg. co-facilitator, participant etc]
Reason for Request:
Goals:

