**PRESENTER BOOKING FORM**

Our vision is for inclusive communities in which open dialogue of mental health and wellbeing is both encouraged and supported.

Voices for Change presenters are fully trained, mentored and supported to tell their journey of mental health recovery in a meaningful and impactful way. All presentations are tailored to specific booking requirements, with audience learning outcomes at the forefront of presentation development.

Completion of this form will provide us with relevant information to match an appropriate presenter and help them to tailor their presentation accordingly.

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | |
| Date of request (today): |  | | |
| Contact name: |  | | |
| Job title: |  | | |
| Organisation: |  | | |
| Address: |  | | |
| Email address: |  | | |
| Phone number: |  | Mobile: |  |
| Source of referral: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROPOSED PRESENTATION DETAILS** | | | | | |
| Proposed Date: |  | | | | |
| Event title: |  | | | | |
| Proposed time: |  | | | Duration: |  |
| Venue address: |  | | | | |
| Est. number of participants: |  | | | | |
| Audience description: (eg. school students) |  | | | | |
| Is this request part of a broader education session on mental health? Please elaborate. | | |  | | |
| **CONTENT** | | | | | | |
| What is the key objective of your request? | | | | | | |
|  | | | | | | |
| Please note any particular experiences that you would like the presentation to specifically focus on: | | | | | | |
|  | | | | | | |
| Please select a maximum of three areas for discussion: | | | | | | |
| Community attitudes and social implications  Disclosure and stigma  Experiences of health services  Lesbian, gay, bisexual, transgender or intersex related issues | | Support from family, friends & colleagues  Treatment & medication  Experiences in the workplace  Other. Please specify: | | | | |
| Is there any other relevant information we should be aware of? | | | | | | |
|  | | | | | | |

|  |
| --- |
| **CONFIDENTIALITY** |
| We kindly ask that confidentiality of our presenters be respected and that there be no recording or photography at presentations unless prior consent is obtained.  I agree to these conditions |

Please submit form to Monique Cosgrove, Program Coordinator: [moniquec@brookred.org.au](mailto:moniquec@brookred.org.au) and a staff member will be in contact shortly.