

Community Liaison Officer: Service Request Visit Form

Alison Filgate: Community Liaison Officer for CYS and headspace L'ton/Dev

Organisation: _____ Contact Person: _____

Address: _____ Email: _____

Mobile: _____ Work Phone: _____

Number of people in your group? 0-20 21-100 101-300 301+

Preferred date and time of presentation? _____

Where would you like to have the presentation?

- * Your Organisation Yes No
- * headspace Launceston Yes No
- * headspace Devonport Yes No
- * Other (Please Specify) _____

What is the purpose of your request? _____

Are there specific issues you would like us to cover? (eg. bullying, relationships, suicide?)

Are there any special needs people in your group?
(eg. deaf, blind, require disabled access or an interpreter?) Yes No

If yes which assistance do you require? _____

PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO THE COMMUNITY LIAISON OFFICER ASAP

Email: afilgate@csys.com.au Phone: 03 6335 3100 Fax: 03 6335 3127

Please note that we require 5 workings days notice of a service visit request at a minimum.



Office use only:	Date	Yes	No	Checked Off
Date of the service request received?				
Service Request form approved at CYS Management Meeting				
If no, why?				
Date diarised?				
Date placed on planning calendar?				
Who will be the team leader in delivering this request?				
Who will the team be?				
Room booked?				
Other requirements organised?				