YouthDiversionLHflat

PRESENTATION REQUEST FORM

Date of Request:

|  |  |
| --- | --- |
| **Information** | |
| |  |  | | --- | --- | | **Where did you hear about YD:** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Contact Details:** |  |  |  |  |  | |  | Name | School/Organization | Address | Province | Postal Code |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Event Details:** |  |  |  |  | |  | Requested Date  (DD/MM/YY) | Location | Size of Audience | Additonal Information: |  |  |  |  |  | | --- | --- | --- | --- | | Phone Number: |  | Email: |  | | |
| **Presentation Options** | |
| #KYPP Primary (grades 1 – 3)  #KYPP JR (grades 4 – 6)  #KYPP (grades 7 +)  Beyond Bullying  Social Media & Your Kids (for parents)  Other |  |
| **Any Additional Information** | |
| Please provide us with any information you feel is relevant for staff to be aware of (i.e. ongoing issues at the school, specific areas of concern, etc.): | |
|  | |
| Indicate approximate audience size and location. | |
|  | |
| **Availability** | |
| Upon receiving the request, what are the best days and times to contact you? | |
| Date Referral is Received (Diversion Staff Only): | |