

SCHOOL ENGAGEMENT

REQUEST FORM

Term \_\_\_/20\_\_\_

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| Please forward completed form to [**sivane@bacc.org.au**](mailto:sivane@bacc.org.au) by no later than week five (5) of the school term. |

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| **CONTACT DETAILS** | |
| Name: | Position: |
| School/Organisation: | |
| Address: | |
| Phone: | Email: |
| Mobile: | |

**REASON FOR REQUEST**

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| What prompted you to request the BACC School Engagement Program? |
| What are the needs/issues of students? |
| What outcomes are you hoping to achieve? |

**DATES & DURATION**

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| Day of the week: | Total no. of weeks: |
| Start date: | Finish date: |
| Start time: | Finish Time: |
| Venue (eg: school hall, library classroom etc): | |

**STUDENTS**

|  |  |
| --- | --- |
| School year group: | Medium age: |
| Approx. no. of students: | |
| Approx. no. of male students: | |
| Approx. no. of female students: | |
| Approx. no. of gender neutral students: | |
| Does BACC have permission to take and use photographs for promotional purposes? (*Please circle*) Yes**/ No**  If ***No***, please provide a list of names of students that are not permitted to be photographed. | |
| Dose BACC have permission to use the school logo for promotional purposes? (*Please circle*) Yes**/ No** | |

**TOPICS** (each topic is one session and runs for one (1) hour). Number of topics ticked must add up to the total number of weeks (in red). Which of the following topics would you like delivered? *(Please circle)*

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| * Getting to know you *(Compulsory)* | * Communication | * Healthy Relationships |
| * Nutrition and Fitness | * Assaults and Bullying | * Resilience |
| * Mental Health | * Three Hygiene Programs   General, Female only or Male only | * Alcohol and other Drugs |
| * How to support a friend | * Gaming and Gambling |  |

***Please be advised that a member of staff (ie; teacher) is required to remain with group for duration of program***

For further information please contact us on 9626 5312

*Office use only.*

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| Application successful? Yes / No Confirmation email (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Resources Available: Projector/Screen Y / N Whiteboard Y / N | Photo Consent discussed: Y / N |
| Additional Comments/ Information:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |