



## SCHOOL ENGAGEMENT PROGRAM REQUEST FORM

Please forward completed form to [info@bacc.org.au](mailto:info@bacc.org.au)

### CONTACT DETAILS

Name:	Position:
School/Organisation:	
Address:	
Phone:	Email:
Mobile:	

### REASON FOR REQUEST

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

Term(s)	1	2	3	4
Day of the week:				<b>Total no. of weeks:</b>
Start date:				Finish date:
Start time:				Finish Time:
Venue (eg: school hall, library classroom etc):				
<b>Please note:</b>				
<ul style="list-style-type: none"><li>A member of staff (ie. teacher) is required to remain with group for duration of program.</li></ul>				

### STUDENTS

School year group:	Medium age:	
Approx. no. of students:		
Male:	Female:	Gender Neutral:
Students who identify as Aboriginal Torres Strait Islander:		

Does BACC have permission to take and use photographs of students for promotional purposes? *(please circle)*

**Yes**      **No**

If **No**, please provide names of students that are not permitted to be photographed.

Does 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)*

Getting to know you <i>(Compulsory)</i>	Communication	Healthy Relationships
Nutrition and Fitness	Assaults and Bullying	Resilience
Mental Health	Personal Hygiene	Periods & Vaginal Hygiene
Male Hygiene	Screen time and Gambling	Alcohol and Other Drugs
How to Support a Friend		

**Important information:**

- Once your request form has been received a youth worker will contact you to organise a meeting (in person or telephone) to discuss your request.

**For further information please contact BACC on 9626 5312**

*Office use only*

*Application successful?      Yes / No*

*Confirmation email (date): \_\_\_\_\_*

*Photo Consent discussed?      Yes / No*

*Projector/Screen available?      Yes / No*

*Whiteboard available?      Yes / No*

*Additional Comments/ Information:*