



RAGE: Re-Navigating Angry & Guilty Emotions REQUEST FORM

Please forward completed form to info@bacc.org.au

CONTACT DETAILS

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

REASON FOR REQUEST

What prompted you to request RAGE Program?
What are the needs/issues of students?
What outcomes are you hoping to achieve?

DATES & DURATION

Term(s):	1	2	3	4
First Option				
Day of the week:				
Start date:			Finish date:	
Start time:			Finish Time:	
Second Option				
Day of the week:				
Start date:			Finish date:	
Start time:			Finish Time:	
Venue (eg: school hall, library classroom etc):				

STUDENTS

School year group:
Approx. number of students:

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.

Important information:

- Once your request form has been received a youth worker will contact you to discuss the program and complete the RAGE Planning Checklist.
- Due to funding requirements, each student will be required to complete a Student Information and Consent form.
- If either of the above does not occur, BACC will be unable to deliver the program.
- The RAGE Program is delivered over 6 weeks.
- A member of staff (i.e. Teacher, Student Support Officer) is required to remain with the group for duration of program.

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: