



REGISTRATION FORM FOR SCHOOLS

Headway ADP

Brain Injury Presentations

The Headway Community Education Team is available Mondays to Fridays to promote awareness and education on Acquired Brain Injury and its many causes.

Our school would like **ONE** , **TWO** or **MORE** presentations

Date of Talk _____ Time _____

A teacher must be available to support speakers i.e. escort person to rooms/lunch, set up/test equipment, phone taxi if necessary, escort person to taxi? Will a teacher be present in the classroom?

Yes Agreed

YEAR LEVEL: _____ **AGE RANGE:** _____

TOTAL NO. OF STUDENTS: _____

STUDENT GENDER: Male Female Co-Ed

Please note that all talks can only be booked in after 10.30am at schools due to participants requirements.

Talk duration: Two school periods One school period Time frame ____

Our school has the following:

- Data Projector Laptop/Power point
- Video/TV Wheelchair Access
- Microphone (If necessary) Accessible toilet Water (for speakers)
- 1 long table (for equipment / folders / props)
- Contribution Fee \$220 (including GST)
(will be invoiced to you on completion of presentation)

Name of School	Address of Venue	Contact Person	Telephone/Fax /Mobile
Email	Location eg School Hall etc	Send Evaluation Report to:	Parking Details:

Return this form to: **Fatima Saeed, Headway ADP Inc, PO Box 894, Bankstown, NSW 1885.**

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