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| **IWK Mental Health and Addictions (MHA) Program**  **External Presentation Request Form** | | |
| **Please complete the below information. Presentation requests will be reviewed & matched to the**  **appropriate MHA Program staff, or if better suited, resources will be recommended to meet learning objectives.** | | |
| **Date request submitted** Click down arrow to enter date | **Organization** Click to enter text | |
| **Contact Name & Position** Click to enter text | | |
| **E-Mail** Click to enter text  **Phone** Click to enter text | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Audience**: | **Staff** | **Children** | **Youth** | **Family / Care Providers** | | **Other specify:** Click to enter text | | | | | | |
| **Approximate number of people attending presentation** Click to enter text  (Please consider opening up to others) | | |
| **Requested Date(s) of Presentation** Click down arrow to enter date  Click to enter text | | |
| **Length of Presentation  1-2hrs  ½ day  full day** | | **Time of Day:**   **Morning  Afternoon  Evening** |
| **Location of Presentation (full address)** Click to enter text | | |
| |  |  |  | | --- | --- | --- | | **Please check topic of interest or specify topic/objectives to be addressed** | | | | Overview of Mental Health in Childhood/Adolesence  Supports for Mental Health Concerns in Classroom  Trauma Informed Care  Disruptive Behaviour  Anxiety  Low Mood and/or Depression | | Maternal Mental Health  Non Accidental Self Injury  Psychosis  Substance Use  Eating Disorders  IWK Programs, Services, Supports | | **Other:** | Click to enter text | | | | |
| **Additional Information / Special Request.**  Click to enter text | | |

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| **Halifax Regional Centre for Education (HRCE) Only** | | |
| **There is an internal pre-requisite process. All HRCE requests first require Principal & Unit Facilitator approval.** | | |
| **Principal Approval** | **Name** Click to enter text | **Email** Click to enter text |
| **Unit Facilitator Approval** | **Name** Click to enter text | **Email** Click to enter text |
| **\*\* HRCE to send to MHA Education & Training and cc. Principal & Unit Facilitator \*\*** | | |

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| ***Please send the completed form to:***  ***MHA Program Education and Training:***  mhaeducation@iwk.nshealth.ca |