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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 |
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| **Audience**:  | **[ ]  Staff** | **[ ]  Children** |  **[ ]  Youth** |  **[ ]  Family / Care Providers** |
| **[ ]  Other specify:** Click to enter text |

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| **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 dateClick 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 |
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| **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 |

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| **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 |