

## Boab Health Services – request for new health promotion services

This form is to request the support of Boab Health Services to deliver health promotion activities such as group education or a community event.

Boab Health values the role of health promotion activities in the prevention and management of chronic and acute conditions and as a means of providing culturally appropriate services and developing relationships within the communities that we work in. Therefore, where there is valid rationale, support from your organisation and capacity within our team we will make every effort to support your request. However, please be aware that it may not always be possible to do so.

Please fill out the form below with as much detail as possible. You are providing the information we need to plan and conduct an effective, sustainable service that meets the needs of your community. The assistance of your organisation is essential to the success of health promotion activities because you know your clients and understand your community best. By completing this form, you are agreeing to work in partnership with Boab Health Services to carry out the requested activities.

| Position Community  |  | Best contact (if different)                                 |         |
|---|--|---|---------|
|   |  | Organisation  |         |
|   |  |   | Phone _ |
| What mode of support are you requesting?  |  | What is the intended platform for delivery?                 |         |
|   | Community engagement                                     | ☐ Special event/group (once-off)                            |         |
|   | In-service to health professionals/                      | ☐ New ongoing group   |         |
|   | community workers  | ☐ Existing ongoing group                                    |         |
|   | Community group education                                | Which allied health service are you requesting?             |         |
|   | Capacity building session (practical skills development) | Dietitian/paediatric dietitian                              |         |
|   | Other (please describe)                                  | Diabetes educator   |         |
|   |  | Podiatrist  |         |
|   | s the purpose of the event/group? eg diab                | etes management, encourage healthy lifestyles, mums and     |         |
| For groups only, what is the usual frequency and duration of group meetings? eg 2 hours, fortnightly              |  |   |         |
| When are you requesting our services for? Date(s), time(s)/duration, frequency eg 1 hour, 2x/school term, ongoing |  |   |         |
| Please  | describe the target audience:                            |   |         |
| Number of attendees   |  | Age range   |         |
| Charact   | teristics eg community workers, health pro               | fessionals, community elders, Indigenous/non-Indigenous etc |         |

| Health conditions present eg diabetes, CKD etc   |   |  |  |  |
|--|---|--|--|--|
| Literacy levels (to determine appropriate resources  | )   |  |  |  |
| Prior topic knowledge  |   |  |  |  |
| Other relevant information   |   |  |  |  |
| What is the main reason you think this group or event would be successful in your community?               |   |  |  |  |
|  | ng activities? What are you doing/will you do to prepare art of a series on chronic conditions, health-themed term sulted group re topics, initiated goal setting etc |  |  |  |
| Which specific topic(s) would you like us to cover? of medication (Please discuss with the target audience |   |  |  |  |
|  |   |  |  |  |
| Who will be available from your community/ organisation to support the group/event?                        | What support can your organisation provide?   |  |  |  |
| Provide names and contact phone and/or email   | <ul><li>Planning and promotion</li></ul>  |  |  |  |
| 1  | ☐ Set-up  |  |  |  |
| 2  | ☐ Client transport  |  |  |  |
| 3  | <ul> <li>Assistance during group/event eg classroom<br/>management, translation, engagement</li> </ul>  |  |  |  |
|  | Financial assistance/purchase of materials  |  |  |  |
| 4  | Pack-up   |  |  |  |
| 5  | Other   |  |  |  |
| Where will the group/event be held (include addres   | ss)?  |  |  |  |
| Please describe the space, relevant facilities and av  | ailable equipment   |  |  |  |
| Do you have any other comments that will support   | your request?   |  |  |  |
| I, (name) request the support of will work in partnership to plan, promote and facilitates                 |   |  |  |  |

Send completed request forms to <u>reception@boabhealth.com.au</u> or your Boab Health Services contact. A Boab Health Representative will be in contact with our response. Please allow up to 3 weeks.