

# Health Promotion Request Form

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

Boab Health Services values the role of health promotion activities in the prevention and management of chronic and acute conditions and as a means of developing relationships and providing culturally appropriate services within the communities that we work in.

Please fill out the form below with as much detail as possible. The information you provide will assist us in planning and conducting an effective, sustainable service that meets the needs of your community.

Please be aware that it may not always be possible to support your request.

Name \_\_\_\_\_ Position \_\_\_\_\_  
 Organisation \_\_\_\_\_ Community \_\_\_\_\_  
 Phone (landline) \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email \_\_\_\_\_ Alternative contact person \_\_\_\_\_

**What mode of support are you requesting?**

- Community engagement
- In-service to health professionals/ community workers
- Community group education
- Capacity building session (practical skills development)
- Other (please describe)  
\_\_\_\_\_

**What is the intended platform for delivery?**

- Special event/group (once-off)
- New ongoing group
- Existing ongoing group

**Which allied health service are you requesting?**

- Dietitian/paediatric dietitian
- Diabetes educator
- Podiatrist
- Exercise physiologist

**What is the purpose of the event/group?** eg diabetes management, encourage healthy lifestyles, mums and bubs support, NAIDOC etc  
 \_\_\_\_\_

**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** \_\_\_\_\_

**Characteristics** eg community workers, health professionals, community elders, Indigenous/non-Indigenous etc  
 \_\_\_\_\_

**Health conditions present** eg diabetes, CKD etc \_\_\_\_\_

**Literacy levels (to determine appropriate resources)** \_\_\_\_\_

**What is the main reason you think this group or event would be successful in your community?**  
 \_\_\_\_\_

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**How will the requested services complement existing activities? What are you doing/will you do to prepare the audience for interaction with our service?** eg Part of a series on chronic conditions, health-themed term at school. Have conducted base-level education, consulted group re topics, initiated goal setting etc

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**Which specific topic(s) would you like us to cover?** eg iron, fussy eating, basic foot checks, diabetes medication (Please discuss with the target audience to identify knowledge gaps, client goals etc)

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**Prior topic knowledge** \_\_\_\_\_

**Who will be available from your community/organisation to support the group/event?**

Provide names and contact phone and/or email

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**What support can your organisation provide?**

- Planning and promotion
- Set-up
- Client transport
- Assistance during group/event eg classroom management, translation, engagement
- Financial assistance/purchase of materials
- Pack-up
- Child minding/supervision
- Other \_\_\_\_\_

**Where will the group/event be held (include address)?**

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**Please describe the space, relevant facilities and available equipment**

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**Do you have any other comments that will support your request?**

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I, (name) \_\_\_\_\_ request the support of Boab Health Services and agree that our organisations will work in partnership to plan, promote and facilitate the above-mentioned health promotion activity.

**Signed** \_\_\_\_\_

*Send completed request forms to your Boab Health Services contact or [reception@boabhealth.com.au](mailto:reception@boabhealth.com.au). A Boab Health Representative will be in contact with our response. Please allow up to 3 weeks.*