



Community Education Application

HEADWAY ADP INCORPORATED

6 Percy Street Bankstown

NSW 2200

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

Traffic Offenders Program: _____

Secondary High School: _____

We would like **ONE** ☐, **TWO** ☐ or **MORE** ☐ presentations

Date of Talk: _____ Time: _____

AGE RANGE: _____

TOTAL NO. OF AUDIENCE: _____

GENDER: Male ☐ Female ☐ Mixed ☐

Talk duration: ☐ 1/2 hour ☐ One hour ☐ Time frame _____

We can provide the following:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Video/TV | <input type="checkbox"/> Data Projector | <input type="checkbox"/> Laptop/Power point |
| <input type="checkbox"/> Microphone (If necessary) | <input type="checkbox"/> Accessible toilet | <input type="checkbox"/> Wheelchair Access | <input type="checkbox"/> Refreshment (for speakers) |
| <input type="checkbox"/> 1 long table (for equipment / folders / props) | | | |

Contribution Fee \$230.00 (Monday to Friday) \$330.00 (Saturday)

Name of Program/ Organisation	Address of Venue	Contact Person	Telephone/Fax/ Mobile
Email	Location eg room, hall etc	Send Invoice To:	Parking Details:

**Return this form to: Headway ADP Inc, PO Box 894, Bankstown, NSW 1885.
Ph: 97900046 Fax: 97962523 Email: community.ed@headwayadp.org.au**