

Community Education Expression of Interest Form

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| Name of Organisation or Group | | |
| Organiser's name | | |
| Email address | | |
| Phone number | | |
| Number of members or staff <i>(estimated attendance)</i> | | |
| | | |
| Location of meeting <i>(address and meeting room if applicable)</i> | | |
| Requested dates or day/time preferred <i>ie. Social club meets first Wednesday of the month</i> | | |
| | | |
| | | |
| Meeting time | | |
| Requested arrival time/ set up | | |
| Requested start time | | |
| Length of presentation | | |
| | | |
| Community education topics | <input type="checkbox"/> concessions available and supports available to seniors | <input type="checkbox"/> scams awareness |
| | <input type="checkbox"/> deep dive into specific scam | <input type="checkbox"/> social media and online safety |
| | <input type="checkbox"/> digital legacy | <input type="checkbox"/> other: |
| Facilitation style | <input type="checkbox"/> information session with PowerPoint | <input type="checkbox"/> informal discussion ie. coffee and chat |
| | <input type="checkbox"/> information session for staff or volunteers | <input type="checkbox"/> more than one guest speaker |
| Supports provided by organiser | <input type="checkbox"/> screen | <input type="checkbox"/> table for resources |
| | <input type="checkbox"/> microphone | <input type="checkbox"/> other: |
| | | |
| Any other information/requests | | |

sign me up for the Seniors Enquiry Line's Snippets quarterly newsletter

Please email this completed form to sel@ucommunity.org.au or call us on 1300 135 500