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| 1. School details |
| School name |
| Postal address |
| Suburb | State | Postcode |
| Business phone | Alternate phone |
| Email address |

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| **2. Teacher contact details** |
| Name | Grade |
| Business phone | Mobile (optional) |
| Email address |

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| **3. Session details** |
| Council will make all attempts to book your preferred session date, however we will contact you to confirm dates and times. If more than 60 students will be attending, please contact council’s Disaster Management team to discuss booking additional sessions |
| Please allow **90 minutes** presentation time for the Get Ready session or **60 minutes** for the Pillowcase workshop |
|  | **Session date** | **Get Ready session** | **Pillowcase session** | **Start time** | **No. of students** | **No. of teachers** |
| Preferred date |  |  |  |  |  |  |
| 2nd date option |  |  |  |  |  |  |
| 3rd date option |  |  |  |  |  |  |
| 4th date option |  |  |  |  |  |  |

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| **4. Logistics** |
| Do you have Microsoft PowerPoint on the auditorium/classroom computer?Note: the presenter will have a flash drive with our PowerPoint presentation to play | Yes / No |
| Does the auditorium/classroom smart board/computer accommodate sound?Note: video clips are used in the presentation | Yes / No |
| Are there any known student learning or cultural considerations we need to be aware of to ensure the sessions are inclusive? If yes, please provide council with brief details | Yes / No |
| Have any students been adversely affected by an emergency or traumatic event? If yes, please provide council with brief details | Yes / No |

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| **5. Declaration of applicant** |
| I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Sunshine Coast Regional Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Sunshine Coast Regional Council in writing prior to any such change being implemented. |
| Signature | Date |