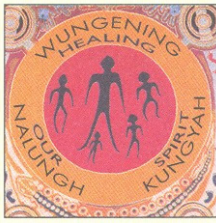


Aboriginal Alcohol and Drug Service
 ABN 80-672-751-592



REQUEST FORM – SCHOOLS

Date: _____ Dates Requested: _____

Phone: In house Outside visit

Name of School: _____

Address: _____

Contact Person: _____

Phone: _____

Email: _____

Fax: _____

Programs Requested:

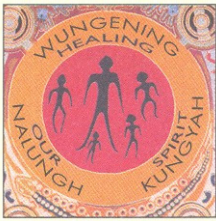
YOUTH PROGRAMS: (“GET ON MOVE ON”)

Alcohol/Drug Education Awareness Program:

- | | |
|----------------------------|-------------------------|
| • Introduction | Alcohol |
| • Cannabis | Tobacco |
| • Other Drugs | No Shame |
| • Music Development | Youth Activities |

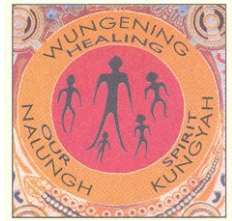
Other Programs

- | | |
|---|---------------------|
| Drumbeat | Team Building |
| Communication | Sporting Activities |
| Problem Solving Activities | Mentoring |
| Information Stall/Expo/NAIDOC | Camps |
| Didgeridoo | Art Program |
| Traditional Dance | Singing |
| Aboriginal Cultural History Program | Family Healing Days |
| Counselling – Anger Management / Art Therapy / Drug & Alcohol | |



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Number of Children Participants:

Primary School Age _____ High School Age _____

Objectives Of Contact:

1. _____
2. _____
3. _____
4. _____

Other Comments /Identified Issues :

Would they like a follow up program: Yes No

What Program / Comments:

Contact Request Person sign: _____

AADS Staff Member: _____

AADS Signature: _____

AADS Supervisor: _____