



Castle Hill Hub
 30/10-12 Old Castle Hill rd,
 Castle Hill 2154
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Doonside Hub
 33 Graham St
 Doonside 2797



Group Request Form

Please fill out this request form to help us identify the most suitable group for your school or community group.

Contact Details	
Contact person name	
Position	
Organisation/School	
Email	
Phone	

Service Request Details	
Type of group request:	<i>For description of groups please see our groups brochure or speak with a staff member.</i> <input type="checkbox"/> Living Skills Program <input type="checkbox"/> Love Bites – healthy relationships program <input type="checkbox"/> RAGE – focusing on managing and understanding anger <input type="checkbox"/> DRUMBEAT – emotional regulation program using drums <input type="checkbox"/> Rent It, Keep It – skills to understand renting and keeping tenancies <input type="checkbox"/> Youth homelessness awareness workshop <input type="checkbox"/> Other: <i>(please provide detail of request)</i>
Preferred dates/term:	
Preferred time of day:	
Location/Venue:	
Participant target group:	<i>Please describe the target group you are wanting to participate in the group.</i>
Number of participants:	<i>(Please note, some group may have a minimum or maximum amount of participants at one time)</i>
Participants identifying as:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQI+ <input type="checkbox"/> Aboriginal & Torres Straight Islanders <input type="checkbox"/> Culturally & Linguistically Diverse <input type="checkbox"/> Mixed
Equipment available at location	<input type="checkbox"/> Chairs <input type="checkbox"/> Sink <input type="checkbox"/> Data Projector <input type="checkbox"/> Desks <input type="checkbox"/> Internet Access <input type="checkbox"/> TV <input type="checkbox"/> Whiteboard

Please complete and return to:
info@youthrez.com.au

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