

# INFORMATION FOR REQUESTING ISHS WORKSHOPS

## WHAT WE NEED TO KNOW

Please take some time to review the information below and fill in the attached form so that ISHS may best understand the needs of your class/group. To do so, we need you to fill out the applicable areas of the Workshop Request Form so that we will know:

- The workshop participants
  - Students, parents, educators, child care givers, young parents, new mothers etc.
  - Size of the group
- The workshop content
  - TOPICS: please see program outline and include any special requests for content
  - What your group is hoping to walk away with from the workshop
- The timeframe for the workshop
  - Potential dates
  - Amount of time for the workshop available/needed
- Contact information

**Please return the Workshop Request Form by fax 361-3422 or email: [jgibson@islandsexualhealth.org](mailto:jgibson@islandsexualhealth.org). If you have questions or would like to book a workshop by phone, call Jennifer at 592-3479 ext. 204**

## WHAT YOU NEED TO KNOW

- For all workshops ISHS requires:
  - The educator/counsellor/leader to **be present** at **all** times during the workshop
  - Overhead Screen and Clean Board space
  - A desk or table surface for facilitator
  - Access to an electrical outlet for computer and digital projector
- Workshops are usually 1-2 hours long and can be built to fit into a class block. What you request must be able to fit into the block of time designated.
- You will receive a phone or email confirmation when we receive your request and will be notified within 1 week of the details of your workshop.
- The school/organization will be issued an invoice for the presentation(s) following the workshop payable by direct deposit or cheque only. Cheques are payable to Island Sexual Health Society and can be mailed to #200-1770 Fort Street, Victoria, V8R 1J5.
- We are happy to offer the students a condom, clinic card, or sexual health resource handout. Please indicate on the request form if you would like us to distribute any or all of these. We will not offer any/all of these without educator's permission.

# Island Sexual Health Society Workshop Request Agreement

(For ISHS use – please do not fill)		(For ISHS use – please do not fill)	
Date: _____		Time: _____	
Number of Workshops Requested: _____		Confirmation: (For ISHS use – please do not fill) <input type="checkbox"/> Group _____ <input type="checkbox"/> Presenter _____	
Contact Name & Position: _____		Group Leader/Educator(s) present at talk: (If different than Contact) _____	
Contact Phone: _____ Contact Fax/email: _____		Organization/School: _____	
Address: (Directions/Landmarks if necessary) _____ _____			
Group Description: (i.e.: Planning class, PE class, Leadership class, parent group, school counsellors, etc) _____ _____ _____			
Group Size: _____	Male/Female/Mixed? _____	Average Age (grade/adult/etc): _____	
Other information: _____ _____ _____			
Requested Date/time(s): <i>(More than one possible date/time will make it easier to fill your request!)</i> _____ _____			
Please initial here to indicate an educator will be present during duration of wksp(s) _____			

**Requested Topics:** Please see ISHS Community Education Workshop Overview

\_\_\_\_\_

\_\_\_\_\_

**Special Requests:**

\_\_\_\_\_

**Please indicate beside the items that your students are permitted to receive at the end of the workshop. We only provide these resources if schools/organizations have expressed permission to do so.**

- \_\_\_\_\_ ISHS Clinic card
- \_\_\_\_\_ Phone & Website sexual health resource list
- \_\_\_\_\_ Condom Package

Please submit this form to ISHS Education Program:

fax 250 361-3422/ email [jgibson@islandssexualhealth.org](mailto:jgibson@islandssexualhealth.org) or call 592-3479 ext. 204