



# GIPPSLAND WOMEN'S HEALTH SERVICE

## PROJECT REQUEST FORM

Return your completed Project Request Form to:  
**GWHS, 56B Cunninghame Street, P.O. Box 664, Sale, 3850**  
or Fax: **(03) 5143 1224**

Reg. No. A0024460W

Name of Organisation / Group:

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Address:

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Postcode: \_\_\_\_\_

Contact Person/s:

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of service requested:

Workshop  Seminar  Display  Talk  Presentation   
Training  Explanation of our service  Other  *(If other, please give details below)*

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Date service required:    /    /                      Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

Location of where service is to be provided:

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Target group: \_\_\_\_\_ Expected number of participants: \_\_\_\_\_

Will participants be charged a fee to attend?    Yes  No

If yes, please give details: \_\_\_\_\_

What subject area/s will need to be covered? *(Please provide details)*

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Signature: \_\_\_\_\_ Date of request:    /    /

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please note: Because of strategic forward planning and due to limited staffing numbers, **six weeks advance booking notice** is required by GWHS. If requests are made closer to the date it will limit the chance of availability. GWHS gives no guarantee that a request will be able to be fulfilled.