



Activity Request Form

Stir it up! is an exciting project that aims to promote good food and healthy eating to local communities. Community members are trained as peer-educators and receive basic training in healthy eating, cooking, food hygiene and presentation skills. *Stir it up!* peer-educators are not health professionals and volunteer their time to the project.

Your contact details

Name: _____

Organisation: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Do you give permission to pass your contact details to a *Stir it up!* peer-educator? Yes

Please describe the activity or program

What is the main message you want participants to take home?

Does your activity promote any of the *Stir it up!* healthy eating messages?

- Eat more fruit and vegetables Eat more freshly prepared foods
 Eat a healthy breakfast every day Drink more water

Will the activity involve any of the following? (Tick as many as needed)

- Gardening Talks Cooking classes
 Displays Demonstrations Other: _____

What will be the main role of the *Stir it up!* volunteer? _____

Who would you like to attend? (e.g. parents from a playgroup) _____

How many people do you think will attend? _____

Age range: _____ Male/Female/Both (Please circle one)

Is there any other information about this group that the peer-educator may find useful?

Is an Interpreter required? Yes No **Please note:** It is the responsibility of the Host Organisation to book and pay for interpreters



Health
Illawarra Shoalhaven
Local Health District

Do you have a venue available for the activity? Yes No

Where is the venue? (Please include address and any special directions to the venue)

Where can the peer-educator park? (They may have equipment to unload)

Is the venue covered by Public Liability Insurance? Yes No Don't Know

Does your organisation have Public Liability Insurance? Yes No Don't Know

Is this a one-off activity or part of a longer program involving *Stir it up!* volunteers? One-off Longer

When would this activity be conducted? Any of these dates All of these dates

Day: _____ Date: _____ Time: _____

Day: _____ Date: _____ Time: _____

Day: _____ Date: _____ Time: _____

Day: _____ Date: _____ Time: _____

Who from your organisation will be present during the activity?

Name: _____

Phone: _____ Email: _____

Have you read and understood the *Stir it up!* brochure 'Information for Host Organisations?'

Yes No

Have you already spoken to *Stir it up!* peer-educator(s) about running this activity? If yes, who?

_____ (Peer-educator's name) Is available Not available

_____ (Peer-educator's name) Is available Not available

Have you completed a Risk Assessment Form for this venue in the past 12 months? Yes No

A Stir it up! Risk Assessment Form must be completed before an activity can be approved

Please name a contact for any Occupational Health and Safety queries:

Name: _____

Phone: _____ Email: _____

Send your request to the organisation indicated below:



Post: <i>Stir it up!</i> Project Team Health Promotion Service, Locked Bag 9, Wollongong NSW 2500	OR	Post:
Email: robyn.tindall@sesiahs.health.nsw.gov.au		Email:
Fax: 4221 6722		Fax:
Attn: <i>Stir it up!</i> Project Team		Attn:
Phone: 4221 6777		Phone:

OR

Post:
Email:
Fax:
Attn:
Phone:

A *Stir it up!* volunteer or member of the Project Team will contact you to discuss your request further. Please allow at least four weeks before the activity date.