



ART THERAPY WORKSHOPS

EXPRESSION OF INTEREST

SECTION 1: Participants details

Name

Address

Phone

Email

SECTION 2: PIR Support Facilitator or Community Support Worker Details

Name

Organisation/Program

Phone

Email

SECTION 3: Do you need a support person or worker to be present with you during the workshop?

YES NO

SECTION 4: Is there anything that may impact on your ability to participate in the workshop?

SECTION 5: Do you have any dietary requirements?

SECTION 6: Please select what session(s) you would like to participate in

Friday 9 February - Coorparoo

Monday 12 March - Beenleigh

Friday 13 April - Capalaba

Thursday 3 May - Mt Gravatt

Monday 4 June - Springwood

Thursday 28 June - Loganlea

PLEASE EMAIL COMPLETED FORM TO sabrina.koita@rfq.com.au