



RICHMOND FELLOWSHIP QUEENSLAND

# ART THERAPY WORKSHOPS

## EXPRESSION OF INTEREST

Name

Address

Phone

Email

### PIR SUPPORT FACILITATOR

Name

Phone

Email

### EMERGENCY CONTACT

Name

Phone

Email

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

Would you need a support person or worker to be present with you during the workshop?

Have you participated in Art Therapy before?

Yes

No

If Yes please provide some details

PLEASE EMAIL COMPLETED FORM TO  
Email [helen.halford@rfq.com.au](mailto:helen.halford@rfq.com.au) Mobile 0407 381 572