



# NEW SENSATIONS WORKSHOP

## 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: Which session would you would like to attend? (please choose one)

Wednesday 11 April

Wednesday 9 May

Wednesday 6 June

### SECTION 7: Are you interested in a one hour individual session within two weeks of the workshop?

Yes  No

PLEASE EMAIL COMPLETED FORM TO [newsensations@rfq.com.au](mailto:newsensations@rfq.com.au)