



# Office of the Public Advocate

## Information Session Request Form

### Your details

Name of Group	
Contact Person	
Telephone	
Email Address	
Venue Address	
Presentation Option	<input type="checkbox"/> Virtual/Teams <input type="checkbox"/> In Person

### Session details

Requested Day/Date	
Requested Time <i>(Note: session will take 1 hour)</i>	
Expected Number of Participants <i>(Minimum attendance = 20 people)</i>	
Requested topic(s)	
Are there presentation facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Audience type

Community

Professionals

- Aged Care Staff
- Service Providers
- Medical Students
- Social Work Students
- Hospital: Medical Professionals
- Hospital: Social Workers
- Advocacy Agency
- SA or Commonwealth Government Agency
- Justices of the Peace
- Other

(OPA fact sheets are available at [www.opa.sa.gov.au/resources/fact\\_sheets](http://www.opa.sa.gov.au/resources/fact_sheets))