**Young Hackney Health and Wellbeing Request Form**

Thank you for your expression of interest in Young Hackney Health and Wellbeing provision. Please could you complete the information below, so that sessions can be tailored to your individual needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of organisation |  | | | |
| Address |  | | | |
| Contact Person |  | | Contact Details |  |
| Brief description of organisation: | | | | |
| Topics of interest: | |  | | |
| Preferred Date and Time for sessions | |  | | |
| Year Group/Age range | |  | | |
| Number of participates in sessions | |  | | |
| Are there any other needs or special requirements we need to be aware of: | |  | | |

Does your organisation/school have a PSHE or SRE policy? Yes / No

If so please could you attach a copy with your request form.

Please return completed forms to: [hwbteam@hackney.gov.uk](mailto:hwbteam@hackney.gov.uk)

If you have an enquiries about sessions please contact us on: 0208 356 3604