

## Request Form for Outreach

Name of organization \_\_\_\_\_

Date completing form \_\_\_\_\_

Type of Organization \_\_\_\_\_

\_\_\_ Community fair kiosk \_\_\_ Government \_\_\_ Educational Institute \_\_\_ Religious Centre  
\_\_\_ Community Centre \_\_\_ Not-for-profit \_\_\_ Private Residence \_\_\_ Other

### Contact Information

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organizational membership Fee (20/25\$) Paid: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Cheque \_\_\_\_\_ Cash \_\_\_\_\_ Cheque number

### Expected Audience

Potential Number of Attendees: \_\_\_\_\_

Age: 18-35 yrs 36-50 yrs 51-65 yrs 66-80 yrs 81 yrs and older

Cognitive Functioning: Low Med High Varied

Hearing and Vision Level: \_\_\_\_\_

Autonomous: \_\_\_\_\_ Assisted Living: \_\_\_\_\_

Language: \_\_\_\_\_

### Room and Technical Needs

Is parking available? Yes No

What is the recommended arrival time? \_\_\_\_\_

Who is responsible for room setup? \_\_\_\_\_

What technical equipment is available? ( i.e., computer, HDMI, Smart Board, Screen, Smart television)

\_\_\_\_\_

Is Wi-fi available?	Yes	No
Is a pass-around-microphone available?	Yes	No
Is the room carpeted?	Yes	No
Does the room have windows?	Yes	No
If the room has windows, are there blinds?	Yes	No
Could there be background noise?	Yes	No
Is there good lighting?	Yes	No
Are chairs and tables available?	Yes	No
Are electrical plugs easily accessible?	Yes	No

**Approximately how large is the room, and how is the room arranged?**

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**Topic**

**Public Presentation:**

- \_\_\_ *My Personal Hearing Journey- Pathways to Services*  
(Suggested to be the first presentation to the organization. Information about hearing)
- \_\_\_ *Understanding My Hearing Loss*  
(Suggested to be the second presentation to the organization. Basic information about hearing loss, causes and consequences of hearing loss and the pathways to obtain help if a hearing loss is suspected)
- \_\_\_ *Managing your hearing loss*  
(Suggested to be the third presentation to the organization. Focuses on communication strategies and tips for living with a hearing loss, directly or indirectly)

**Professional Training:**

- \_\_\_ *Hearing Loss and Communication*  
(gives basic information about hearing loss and communication strategies and how to help someone who has hearing difficulty)
- \_\_\_ *Care and Maintenance of Hearing Aids*  
(this workshop focuses on the components of hearing aids, types of hearing aids, how to care for them and troubleshoot common hearing aid problems)

**Community partnership presentation:**

- \_\_\_ Information on Hear Quebec/awareness

**Length:**                    \_\_\_ 45 minutes    \_\_\_ 60 minutes    \_\_\_ 90 minutes

**Possible dates:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Form completed by:** \_\_\_\_\_