# GREY BRUCE PUBLIC HEALTH

# PUBLIC HEALTH EVENT ATTENDANCE REQUEST FORM

**Instructions:** Please complete this form as fully as possible. Submitting a request does not guarantee Public Health attendance. Requests will be reviewed based on alignment with public health priorities, staff availability, timing, cost, audience, location, and the nature of the requested support. Please submit requests at least 4–6 weeks before the event whenever possible.

DATE: _____ FORM NO: INTERNAL USE ONLY

## 1.0 Requestor Information

**Organization/Group Name:** _____

**Primary Contact Name:** _____

**Role/Title:** _____

**Email Address:** _____

**Phone Number:** _____

**Preferred Method of Contact:** ☐ Email ☐ Phone ☐ Other: _____

## 2.0 Event Information

**Event Name:** _____

**Event Time:** Start: _____ End: _____

**Venue Type:** ☐ Indoor ☐ Outdoor ☐ Hybrid ☐ Virtual

**Expected Attendance:** _____

**Target Audience:** ☐ Children/youth ☐ Parents/caregivers ☐ Older adults ☐ General public ☐ Service providers ☐ Other: _____

**Event Description:** _____

## 3.0 Public Health Support Requested

**Type of Public Health Participation Requested:**
☐ Information booth/display ☐ Presentation/workshop
☐ Resource distribution ☐ Consultation/advice
☐ Immunization or clinical service inquiry ☐ Other: _____

**Topic Area(s) Requested:**
☐ Immunization ☐ Infectious diseases ☐ Sexual health
☐ Substance use and harm reduction ☐ School health ☐ Food safety
☐ Healthy growth and development ☐ Oral Health
☐ Emergency preparedness ☐ Other: _____

## 4.0 Event Logistics

**Space Available for Public Health:** ☐ Table ☐ Booth ☐ Private room ☐ Presentation space ☐ Other: _____

**Equipment Available:** ☐ Table ☐ Chairs ☐ Electrical outlet ☐ Wi-Fi ☐ Projector/screen ☐ Microphone ☐ Other: _____

**Parking/Loading Information:** _____



*Please submit the completed form to publichealth@publichealthgreybruce.on.ca.*

## 5.0 Additional Information

Is there anything else Public Health should know about the event, audience, location, or request?

## 6.0 Declaration

I confirm that the information provided is accurate to the best of my knowledge and understand that Public Health attendance is subject to review and availability.

**Name:**

**Signature:**

**Date Signed:**

## *For Internal Use Only*

**Date Received:**

**Program/Team Assigned:**

**Request Revied By:**

**Decision:** ☐ Approved ☐ Approved with modifications ☐ Declined
☐ More information required

**Rationale/Notes:**

**Follow-up Required:** ☐ Yes ☐ No Details:



*Please submit the completed form to publichealth@publichealthgreybruce.on.ca.*