

# ALCOHOL, TOBACCO & OTHER DRUG SERVICES, TOWNSVILLE

## SERVICE REQUEST FORM

### 1. Requestee's Contact Details

Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### 2. Service Request Details

Objectives (What do you want to achieve?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred date(s) \_\_\_\_\_

Time, format (eg; 2x ½ day, 1 day etc) \_\_\_\_\_

Participants profile (age, profession etc) \_\_\_\_\_

\_\_\_\_\_

Expected number of participants? \_\_\_\_\_

Venue & location \_\_\_\_\_

### 3. Any other relevant information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

ALCOHOL, TOBACCO AND OTHER DRUG SERVICES  
PO BOX 5224MC  
TOWNSVILLE QLD 4810  
PHONE (07) 4778 9677 FAX (07) 4778 9666