

# Request for Workplace Services

Date of Request \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Ministry of Health Region     North             East             Central East     Toronto  
     Central West     Central South     South West     Don't Know

Type of Organization

- |  |  |
|--|--|
| <input type="radio"/> Board of Health/Health Department  | <input type="radio"/> Local Government               |
| <input type="radio"/> Community Coalition - Focus        | <input type="radio"/> Hospital                       |
| <input type="radio"/> Community Coalition - Heart Health | <input type="radio"/> EAP Organization               |
| <input type="radio"/> Community Coalition - Other        | <input type="radio"/> Workplace                      |
| <input type="radio"/> NGO / Voluntary                    | <input type="radio"/> School Board                   |
| <input type="radio"/> OHPRS Member                       | <input type="radio"/> Health and Safety Organization |
| <input type="radio"/> Community Health Centre            | <input type="radio"/> Other _____                    |

How would you like us to help?

- Workshop (1-2 Days)
- Short Training Session
- Facilitation
- Advice
- Feedback on Your Work
- Information & Resources
- Other \_\_\_\_\_

Please briefly explain the type of help you require.

When would you like us to help?

Have you already contacted someone at THCU ?

Anything else you would like us to consider?

This form is also available online at [http://www.thcu.ca/Workplace/workplace\\_request\\_form.htm](http://www.thcu.ca/Workplace/workplace_request_form.htm)

**\*Please note: Services are currently available in Ontario only on a first come first serve basis and will only be available for the time that the project is in effect.**