



Access Alliance
Multicultural Health and Community Services

NEWCOMER EDUCATION PROGRAM WORKSHOP REQUEST FORM



United Way
Member Agency

Send This Form To:

Access Alliance Multicultural Health and Community Services
761 Jane Street, 2nd Fl.
Toronto, ON M6N 4B4

Contact Details:

Attn: Fouzia Rana
Settlement Worker
Tel: 416-760- 2815 ext. 338
Fax: (416) 760-8670
Email: frana@accessalliance.ca

*We will send you a fax or e-mail confirmation once we receive your application. Please contact us if you DO NOT hear from us within **one** week.

Workshop Details and Sign-up

Topic	Date Requested*	Start time:	English Level (3+)	Number of Participants
✓ Staying Healthy In Canada Series				
Staying Healthy in Summer				
Staying Healthy in Winter				
Healthy Skin, Oral, Eye & Ear Health				
Preparing for the Flu				
✓ Mental Health Promotion for Newcomers Series				
Stress Management & Relaxation				
Healthy Relationships				
Communication & Conflict Resolution				
✓ Parenting in Canada for Newcomers Series				
Child Protection Laws and Positive Discipline				
Planning Activities for Children				
✓ Women's Health Series				
Body Image & Self-Esteem				
Breast Health				
Cervical Screening				
Healthy Bones, Osteoporosis & Arthritis				
Woman Abuse				
Aging and Menopause				
Reproductive Health				
Sexually Transmitted Infections				
Birth Control				
✓ Healthy Nutrition In Canada Series				
Healthy Eating in Canada				
Healthy Eating on a Budget				
Healthy Eating for Teens				
Calcium Without the Dairy				
✓ Canadian Systems Series				
Employment Standards and Labour Rights				
Ontario's Health Care System/Family Doctors				
Primary School System in Canada				
Others ** -				

**** Workshops are developed upon special request**

Organizational Details

- A. Contact Name:
- B. Organization Name:
- C. Address:
- D. Closest Major Intersection:
- E. Telephone Number:
- F. Fax Number:
- G. E-mail Address:

Space/Participant Details

- A. Your organization must be able to provide a LCD projector and laptop with Power Point software. Please confirm LCD/laptop will be available? Yes No
- B. Do you have internet and WiFi that we can use? Yes No
- C. Please describe the participant group that will be attending (age groups/genders/particular cultural groups/etc):
- D. How familiar are the participants with the topics being requested?
- E. How will participants benefit from the attending workshops on the topic requested?
- F. Would you like the facilitator to stay after the workshop to provide information and referrals to individual participants? Yes No
- G. Other Comments:

Please note: Access Alliance also offers these workshops at all three of their Toronto locations. Would you like to discuss further about bringing participants to an Access Alliance site? Yes No

Agreement:

The goal of the Newcomer Education Workshops provided by Access Alliance Multicultural Health and Community Services is to promote newcomers' health, increase their knowledge and skills, and increase self-efficacy and self-esteem. The goal is consistent with the vision and mission of Access Alliance. Our Personnel Policy contains an anti-harassment/discrimination policy that applies to its employees, regardless of the location of their work.

I understand the goal of the workshops and Access Alliance's Personnel Policy. My responsibilities for the workshop are: (1) provide in-kind space/resources for the requested workshop; (2) provide feedback as to the quality of the workshop; (3) give Access Alliance a notice of cancellation or change of topics at least 2 weeks in advance; (4) provide us with a list of participants' on the day of workshop, so we can fulfill funding requirements.

Name:

Date: