INCLUSIVE SPORT IN SCHOOLS PROGRAM

PROGRAM REQUEST FORM



Thank you for valuing the importance of students being active and developing their physical literacy. We look forward to working together to ensure your program is of high quality and creates positive learning environments for all participants.

Please complete the information below and return to schools@specialolympics.com.au

When your program is confirmed we will be in touch and provide all relevant delivery and coach details.

SCHOOL DETAILS				
School name				
Street address				
School type	School category			
Contact person	Position			
Phone / Mobile	E-Mail			

PARTICIPANT DETAILS						
No. of participants						
School years	🗌 Foundation - Year 2	🗌 Years 3 - 6	🗌 Years 7 - 10	🗌 Years 11 - 12		
Support requirements/ Additional information						

PR	PROGRAM DETAILS (Please complete a separate form for each program)						
Sel	ect Program: Suitable for Foundation - Year 2		Playing for All Suitable for Year 3 - Year 12				
Sch	ool Term	□ 1		□ 2	3	□ 4	
No. ses	of sions	No. of groups		Participants per group		Group duration	
List your 3 preferences							
1	Day	Start date Finish date		Session start time		Session finish time	
2	2 Day	Start date		Session start time		Session finish time	
3	Day	Finish date Start date		Session start time		Session finish time	me
	-	Finish date					

Recognising participant achievements and providing information on how to continue the development of physical literacy is valuable in fostering ongoing healthy and active lives. Please select from the below of how Special Olympics Australia can assist your school.

AT PROGRAM CONCLUSION			
Would you like information about Sp Community Clubs?	ecial Olympic Australia Clubs and/or	Yes	🗌 No
Would you like to know how to volunteer with Special Olympics Australia?			🗌 No
Is there any additional information you would like? (please detail)			

If any details require changing please contact Leisl at <u>schools@specialolympics.com.au</u> or 0433 799 091