

**Phone: 416-252-1928   
Fax: 416-252-9141**

**Thank you for your interest in our Diabetes Group Education Program!**

***Please complete this Agency Checklist for Group Education Session. This information will assist us to tailor our education session to meet your needs.***

**Please tell us how you heard about West Toronto Diabetes Education Program.**

|  |
| --- |
|  |

**Please tell us a little bit about your organization and the participants for this session**

|  |
| --- |
|  |

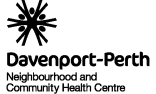
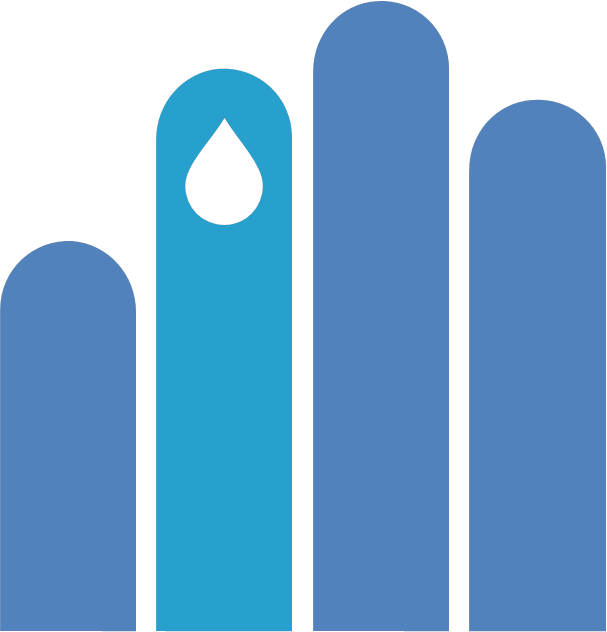
**Your complete mailing address and the address where the Group Education Session will occur (if different).**

|  |
| --- |
|  |

**Please provide your contact information and the name of the person who will be on site for this presentation (if different):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_**

**Header-RegDate or dates for presentation:** 

|  |  |
| --- | --- |
| **1st Choice:** |  |
| **2nd Choice:** |  |
| **3rd Choice:** |  |



**Set-Up time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Goal and Objectives of this presentation / Learning needs of Participants:**

|  |
| --- |
|  |

**Please tell us a few things about your participants:**

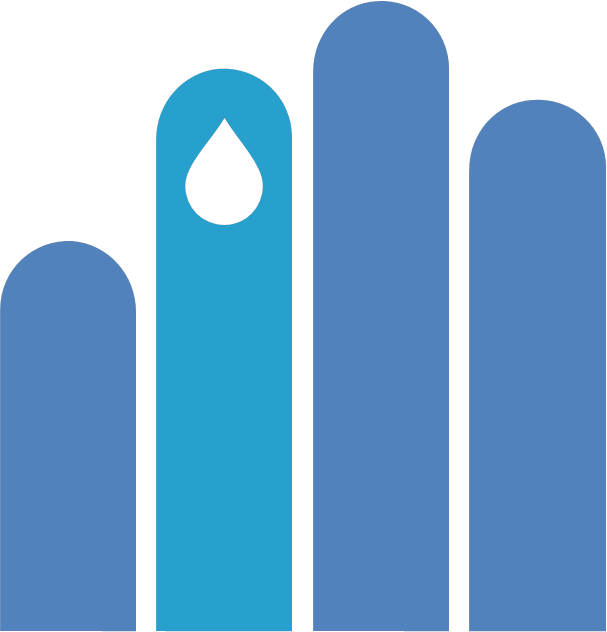
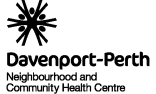
|  |  |
| --- | --- |
| **Approximate Age** |  |
| **Level of Literacy** |  |
| **Number of people expected** |  |

**The majority of people attending**

|  |  |
| --- | --- |
| **Have Type 2 Diabetes** |  |
| **Pre-diabetes** |  |
| **High risk of developing Diabetes** |  |
| **How many of your staff will be attending** |  |
| **Your Facilities:**  - **Laptop** **Yes No**  - **Capability to use Power Point: Yes No**  **- Projector: Yes No**  **- Extension cord: Yes No**  **- Laser pointer: Yes No** | |

**Please fax (416-252-9141) or email this request to us.**

**Thank you!**

**Header-Reg**

West Toronto Diabetes Education Program   
365 Evans Avenue, Suite 201, Toronto ON M8K 1K2