

**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.**

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

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

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**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: \_\_\_\_\_\_\_\_\_\_**

**Date or dates for presentation:** 

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



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

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

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**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!**

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West Toronto Diabetes Education Program
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