

**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.***

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

* **Website**
* **Social Media – Facebook / Instagram / Twitter**
* **Medical Professionals**
* **Friends/Family**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2: Please tell us a little bit about your organization**

* **Social Service Agency**
* **Retirement / Assisted Living Home**
* **Nursing Home**
* **Religious Organization**
* **Community Centre**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

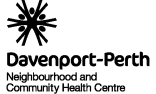
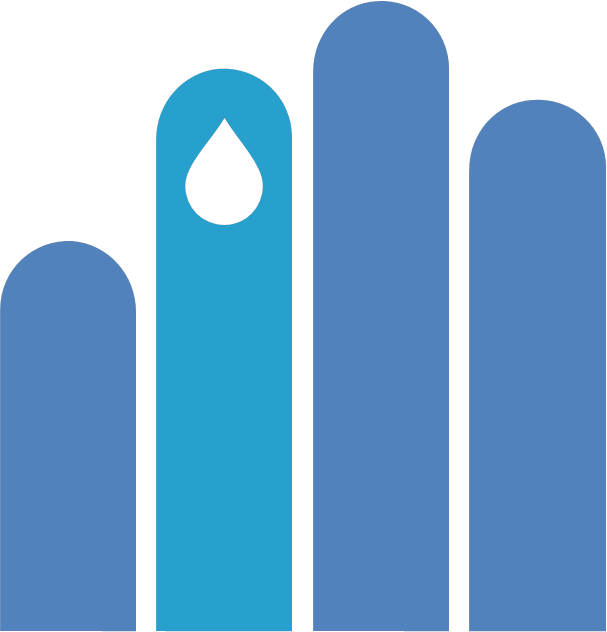
**Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4: 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-Reg5: Date or dates for presentation:** 

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



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

**7: What would you like to learn about?**

|  |  |  |
| --- | --- | --- |
| * **Physical Activity** | * **Weight Management** | * **Medication/Insulin** |
| * **Meal Planning** | * **Glucometer Reading** | * **Stress Management** |
| * **Label Reading** | * **High and Low Blood Sugars** | * **Complications** |

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

**Age group**

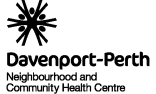
|  |  |  |  |
| --- | --- | --- | --- |
| * **18 to 24** | * **25 to 44** | * **45 to 60** | * **60+** |

**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** * C:\Users\izabelas\Desktop\Picture1.png**Capability to use Power Point** * **Projector** * **Extension cord** * **Laser pointer** | |

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

**Thank you!**

**Header-Reg**

West Toronto Diabetes Education Program   
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