

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: \_\_\_\_\_

**5: Date or dates for presentation:**

<b>1<sup>st</sup> Choice:</b>	
<b>2<sup>nd</sup> Choice:</b>	
<b>3<sup>rd</sup> Choice:</b>	



# West Toronto

## Diabetes Education Program

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

7: What would you like to learn about?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Weight Management         | <input type="checkbox"/> Medication/Insulin |
| <input type="checkbox"/> Meal Planning     | <input type="checkbox"/> Glucometer Reading        | <input type="checkbox"/> Stress Management  |
| <input type="checkbox"/> Label Reading     | <input type="checkbox"/> High and Low Blood Sugars | <input type="checkbox"/> 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
- ☐ Capability to use Power Point
- ☐ Projector
- ☐ Extension cord
- ☐ Laser pointer

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

*Thank you!*

West Toronto Diabetes Education Program  
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