Stay ChatTY Schools Program Expression of Interest Form



Please complete this form and send it to us at staychatty@reltas.com.au. If you have any questions prior to submission please call the Stay ChatTY team on 1300 364 277.

Contact details:	
School name:	
Principal:	
Contact person:	
Phone number:	
Email address:	
Confirmation of requirements:	
The safety of students is a priority for Stay ChatTY.	
To ensure students are safe and supported when disc please confirm the following requirements:	cussing the difficult topics of mental health and suicide,
The Stay ChatTY Schools Program will be offered Sessions will be limited to 30 students unless ag The sessions will not be included as part of any a The school will work with SPEAK UP! Stay ChatTY are distributed and collected from parents and st At least one member of the school support team parent and teacher sessions.	reed with the provider ahead of time. assembly or large gathering of students. to ensure that information sheets and opt-out forms udents before the session goes ahead.
Please select the school support team member's pos	ition:
School Health Nurse School Ps	sychologist/Counsellor
Social Worker Other – pl	ease specify:
School support team member name:	
Signature:	Signature:
(School Support Team Member)	(Principal)



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Lesson Plan:

Session selection:

To ensure that the messages in the Stay ChatTY Schools Program are strengthened and sustained, we encourage your school to incorporate the delivery of the Stay ChatTY Schools Program in broader teaching related to mental health promotion and student wellbeing.

Student session (\$500 each + GST)	Quantity:
Teacher session (\$200 each + GST)	Quantity:
Parent session (\$200 each + GST)	Quantity:
Notes on school climate:	
Please advise if there have been any rece for us to be aware of.	ent school incidents or anything further you feel it would be beneficial
OFFICE USE ONLY	
Approved by:	Signature: Date:
Event number:	



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