



QPASTT

Queensland program of assistance
to survivors of torture and trauma

Group Facilitation Request Form

QPASTT group work sessions have been developed to support services working with people from refugee backgrounds. These sessions are designed to help people of refugee background understand the impact of trauma and settlement on mental health, wellbeing, parenting and family functioning. We have developed culturally sensitive approaches to discuss these topics with this client group. We can run one off sessions or a workshop series.

All organisations requesting group facilitation from QPASTT should complete this form and submit it to Fernanda Torresi, the Training Coordinator at qpastt_training@qpastt.org.au

DATE OF REQUEST: _____

ORGANISATION: _____

CONTACT PERSON: _____

POSTAL ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

WEB ADDRESS: _____

Have you requested Group Facilitation from QPASTT in the past 12 months? Y N

If yes, please specify the topic: _____

ABOUT YOUR ORGANISATION:

The percentage of your clients from a refugee or asylum seeker background: _____

The estimated percentage of your clients who are newly arrived refugees – ie. Those who have been in Australia less than 12 months. _____

The nature of your work with these clients: _____

The Catchment Area of your organisation (eg. specific region, state-wide): _____

QPASTT Main Office

ABN: 50043097082

Address: 28 Dibley Street, Woolloongabba Qld 4102

Postal Address: PO Box 6254, Fairfield, Qld 4103

T: +61 (0)7 3391 6677 **F:** +61 (0)7 3391 6388 **E:** admin@qpastt.org.au

YOUR REQUEST (please circle):

Group facilitation for how many workshops: One off/Series Number: _____

Date and Venue:

Requested date and time of session: _____

Proposed venue: _____

Is there flexibility around this date and time? _____

Topic:

	Information about QPASTT for clients		Building Stronger Families – Parenting in Australia
	Impact of Trauma and Stress		Classroom Integration (Hip Hop - series only)
	Families in Cultural Transition		Other _____ (please specify)

Details of your Request:

Number of Participants: _____

Culture and Language background: _____

Does your organisation provide an Interpreter? Yes No

Age of participants: _____

Gender of Participants: Male Female Mixed

Do you require hand outs: Yes No

What is the reason for this request? _____

COSTS AND AVAILABILITY:

Please note: Workshops may incur a fee and this will be advised if accepted.

Group Facilitator Request Forms must be received by QPASTT at least 2 months in advance of the requested session date. Requests with a shorter lead time should be discussed with the Training Coordinator prior to submitting the request.

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