



# Request for GP Attendance

**Phone: 03 5762 2444 - Please phone Helen Mansfield to confirm receipt of this request**  
**Fax: 03 5762 8444**

Organisation: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## **Event Details:**

Event Name: \_\_\_\_\_

Event Organiser: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Duration of Event: \_\_\_\_\_

Target Audience \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of GPs Required: \_\_\_\_\_ Anticipated Number of Participants: \_\_\_\_\_

Time GP Required: \_\_\_\_\_ Duration of GP Required: \_\_\_\_\_

Description of anticipated GP role: (please describe each role for GP if roles differ)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender of GP:            M                    F                    Not Important

Other Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please note confirmation of availability of a GP will be given within 6 weeks of request**

Office Use Only:

Date request received: \_\_\_\_\_