

Return completed return form to:

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Session (please circle):

- 1) Quality Use of Medicines**
- 2) Generic medicines: choosing wisely**
- 3) More than medicines – living well**
- 4) *beyond maturityblues***
- 5) Moving Right Along – falls prevention and mobility**

Club/Group Name:

Contact Person:

Telephone/E-mail:

Postal Address:

Number in Group:

Additional information:

Eg. Considerations that should be taken into account, material in other languages, interpreter being used, hard of hearing participants etc

Venue and Address where session will be held

Venue:

Address:

Car Parking (please circle): On-site/street/car park/paid parking/free parking. Other:

Equipment available (please circle): Whiteboard/Microphone

Date and Time for session:

Time Peer Educator is to arrive:

Duration of session: (45 minutes to 1 hour)

How did you hear about these sessions?

Other comments: