



**Division of Health Promotion
Health Education Request Form**

The Division of Health Promotion (DHP) conducts Health Education sessions (by request) throughout Fulton County to support chronic disease prevention and promote existing programs and services available to Fulton County residents. Our availability to conduct Health Education sessions is contingent on the availability of staff and resources. Please complete and submit this form at least two (2) months prior to the event date. We will acknowledge the request within one (1) week of receipt. We will contact you to confirm or decline participation no later than one month before the event. Please email it to health.promotion@fultoncountyga.gov.

Please type or print clearly

Organization _____		Event Name _____	
Event Date(s) _____			
Event Start Time _____		Event End Time _____	
Set-up Time _____		Break-down Time _____	
Facility Name _____			
Address _____		City _____	Zip Code _____
Fulton County Commission District (Circle One) 1 2 3 4 5 6 7			
Will event be held indoors or outdoors? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			
Describe Venue Set-up _____			
Expected Number of Attendees: <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-150 <input type="checkbox"/> 151-200 <input type="checkbox"/> >200			
How have you advertised for this event? _____			
Description of Target Population Being Served _____			
Select Topics Stand Alone Classes (40-60 min each) <input type="checkbox"/> Healthy Eating: My Plate <input type="checkbox"/> Active Living/Exercise <input type="checkbox"/> Healthy Eating: Fast Foods <input type="checkbox"/> Healthy Eating, Healthy Beverages <input type="checkbox"/> Dangers of Smoking <input type="checkbox"/> Type 2 Diabetes – Are You at Risk? <input type="checkbox"/> Other _____ (specify)			
Class Series (multiple weeks = confirmation call will follow) <input type="checkbox"/> Chronic Disease Prevention (all 6 classes shown above) <input type="checkbox"/> Freedom From Smoking: for current smokers (8 sessions conducted in 7 weeks) <input type="checkbox"/> Diabetes Self-Management Program: for those with type 2 diabetes (6 sessions in 6 weeks). <input type="checkbox"/> Diabetes Prevention Program: for those at risk for type 2 diabetes (Weekly, biweekly, monthly sessions for 9-12 months)			
Requestor Information			
Coordinator Name _____			
Contact Phone Number _____			
Contact E-Mail _____		Fax Number _____	
Official Use Only			
DHP Request(s)			
Chairs _____		Projector Screen _____	
Projector _____		Wi-fi/Internet _____	
Electricity _____		Television w/DVD player _____	
Date Received: _____			
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____			
Staff Assigned: 1) _____ 2) _____ 3) _____			
Health Topics/Programs to Focus: _____			
Sending Educational Materials: Yes <input type="checkbox"/> No <input type="checkbox"/>			