

**Request for Service**

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| **Please note:** * There is a $20 administration charge for this program. This fee is per session (eg. 6 sessions = $120.00).
* Any food costs must be covered by the requesting agency.
* The CFE filling this placement will contact you to confirm details.
* In the event that you have to cancel your request, please contact the lead CFE for your event and notify one of the program coordinators via email (cfebrant@gmail.com) as soon as possible.

**This is a volunteer based program. Every effort will be made to fill your request; however, we may not always be able to fill a request. If we are not able to fill the request we will contact you at least 2 weeks before the scheduled event.** |
| **Requesting Organization Information** |
| Organization: |   |
| Address: |  |
| Contact Name:  |  |
| Phone number: |  |
| Email: |  |
| How did you hear about us? | Your organization | [ ]  |
|  | CFE | [ ]  |
|  | Health Unit | [ ]  |
|  | Pamphlet/Flyer/Poster | [ ]  |
|  | Newspaper | [ ]  |
|  | Other, please specify: |  |
| **Presentation Information:** |
| Location of presentation: |  |
| Date(s) of presentation: *If multiple dates are specified please indicate clearly whether they are confirmed or tentative* |  |
| Time of presentation:* *Minimum booking for CFE presentation in 45 min*
* *Minimum booking for CFE cooking demo is 1 hour*
 |  |
| Type of Request:\* | * Presentation
 | [ ]  |
|  | * Display
 | [ ]  |
|  | * Food Demonstration
 | [ ]  |
|  | * Cooking Class
 | [ ]  |
|  | * Super Market Safari
 | [ ]  |
|  | * Other, please specify:
 |  |
| **\*If request requires food purchase please indicate if you would like the CFE to purchase food and submit receipts for reimbursement:** *( Dependent on CFE time and availability)*  | [ ]  Yes [ ]  No |
| Topic: | * Healthy Eating
 | [ ]  |
|  | * Cooking with Kids
 | [ ]  |
|  | * Label Reading
 | [ ]  |
|  | * Canada’s Food Guide
 | [ ]  |
|  | * Cooking for one or two
 | [ ]  |
|  | * Menu planning
 | [ ]  |
|  | * Healthy eating on a budget
 | [ ]  |
|  | * Food Safety in the home
 | [ ]  |
|  | * Food preservation, canning
 | [ ]  |
|  | * Food demonstration
 | [ ]  |
|  | * Cooking skills
 | [ ]  |
|  | * Community kitchen
 | [ ]  |
|  | * Other, please specify:
 |  |
| Audience: | * Children (<13)
 | [ ]  |
|  | * Teens (13-19)
 | [ ]  |
|  | * Adults
 | [ ]  |
|  | * Older Adults (65+)
 | [ ]  |
|  | * Mixed Ages
 | [ ]  |
|  | * Females only
 | [ ]  |
|  | * Males only
 | [ ]  |
|  | * Mothers
 | [ ]  |
|  | * Low income
 | [ ]  |
|  | * General Population
 | [ ]  |
|  | * Single Parents
 | [ ]  |
|  | * Preschoolers
 | [ ]  |
|  | * Cultural Group
 | [ ]  |
|  | Number of people expected: |  |
| **General Description of Event:**Please provide a brief overview of the event including any additional information that may help in the planning process.  |
|  |
|  **To check, checkbox:*** Right click on the box you wish to select
* Select ‘properties’
* Change ‘Default Value’ from ‘Not Checked’ to ‘Checked’
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