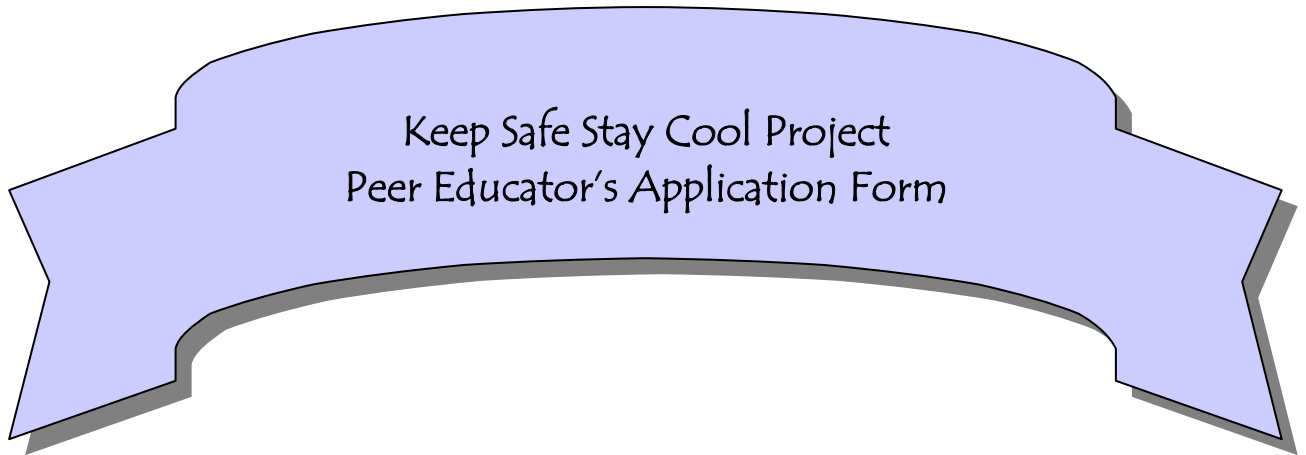


Noarlunga Health Services

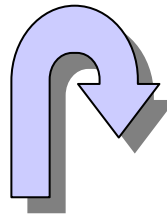


Name: _____

Address: _____

Age: _____

Telephone No: _____



Why do you want to be part of the "Keep Safe Stay Cool" Project?

Why do you think you would be good as a peer educator for "Keep Safe Stay Cool"?

"Keep Safe Stay Cool" aims to increase knowledge and change young people's attitudes. What do you think the project can achieve?

What times would you be available to do training and/or present?

How would you get to Meetings and Schools for sessions?

Please complete and return to:

by (closing date)

Thank you