



**West Toronto
Diabetes Education
Program**
...achieving health goals together!



Phone: 416-252-1928 Fax: 416-252-9141

Thank you for your interest in our Diabetes Group Education Program!

Please complete this Agency Checklist for Group Education Session. This information will assist us to tailor our education session to meet your needs. To help prepare, we will mail you some information about our Diabetes Program.

Please tell us how you heard about our agency

Please tell us a little bit about your organization and the participants for this session

Your complete mailing address and the address where the Group Education Session will occur (if different).

Please provide your contact information and the name of the person who will be on site for this presentation (if different):

Name: _____ **Email address:** _____

Phone number: _____ **Ext:** _____

| | |
|-------------------------------|--|
| 1st Choice: | |
| 2nd Choice: | |
| 3rd Choice: | |

West Toronto Diabetes Education Program • 365 Evans Avenue, Suite 201 Etobicoke, Ontario M8Z 1K2 • Telephone: 416-252-1928 • Fax: 416-252-9141





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Set-Up time:

Goal and Objectives of this presentation / Learning needs of Participants:

Please tell us a few things about your participants:

| | |
|---------------------------|--|
| Approximate Age | |
| Level of Literacy | |
| Number of people expected | |

The majority of people attending

| | |
|--|--|
| Have Type 2 Diabetes | |
| Pre-diabetes | |
| High risk of developing Diabetes | |
| How many of your staff will be attending | |

Your Facilities:

- Laptop Yes No
- Capability to use Power Point: Yes No
- Projector: Yes No
- Extension cord: Yes No
- Laser pointer: Yes No

We require participants to please register for our Diabetes Education Session. **Registration Forms will be included in the package we will mail to you.** Please have them ready for the Diabetes Team when they arrive. Please fax or email this request from once it is completed.

Thank you!

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