

BiasHELP a division of LINCS

60 Adams Avenue, Hauppauge, NY 11788
(631) 479-0010 Fax: (631) 656-7073

REQUEST FOR PRESENTATION

Today's Date: _____

Name of Organization/Agency: _____

Mailing Address: _____

Name of Authorized Contact Person: _____

Position/Title: _____ Telephone :(____) ____-_____

Emergency# :(____) ____-_____

A single presentation or series of programs can be scheduled for an organization/school. Presentations can last as long as a class period or exceed an hour depending on the topic. All presentations allow for audience participation and questions. We ask that requests be submitted two weeks prior to date of presentation. A confirmation phone call will be made once request has been received.

Is this request being made in response to a specific issue? Yes No **If yes , please explain**

Indicate specific focus, topic or requirement(s) for this program: _____

Size, description, and age of audience: _____

**Address where program will be held:
(if different from above)** _____

Indicate both date & time of program: **1st Choice:** Date:_____ Start Time:_____ End Time: _____

2nd Choice: Date:_____ Start Time:_____ End Time: _____

Check preferred format for this presentation: _____Workshop _____ Training _____ Technical Assistance

***Please attach schedule**

AGENCY USE ONLY

Date / Time of Presentation: ____/____/____ @ ____:____ to____:____

Travel Time

Person(s) assigned to program: _____

____:____ to____:____

____:____ to____:____

Confirmation call and date: _____

PROGRAM CONSENT FORM

I would like the staff of BiasHELP to focus on the following topics during the Violence Prevention presentation and/ or training.

Prevention Topics

All presentations are available in English and Spanish

- | | |
|---|--|
| <input type="checkbox"/> The Continuum of Prejudicial Behavior | <input type="checkbox"/> Dignity for All Students Act / Cyberbullying Law (DASA) |
| <input type="checkbox"/> NYS Hate Crimes Law | <input type="checkbox"/> Youth Violence/ Gangs |
| <input type="checkbox"/> Stereotypes/ Cultural Diversity/Competency | <input type="checkbox"/> Sexual Harassment/Gender Bias |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Bullying /Techno Bullying & NYS Law |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Parent/Child/Teen communication | <input type="checkbox"/> Conflict Resolution |

Honorarium: LINCS/BiasHELP relies in part on honorariums and donations to underwrite our educational programs and services. All gifts are appreciated. Please select an amount below:

**Workshops: ___\$200/ 1hr. ___\$350/2hrs day ___\$550/3 hrs. ___\$650/4Hrs
Staff development ___\$700& up / ___\$125/per hour/ Consultation**

Checks can be made payable to LINCS Inc. Please indicate in the memo section of check the date of presentation. Thank you for your help and generosity.

On July 1, 2012 the Dignity for All Students Act (DASA) was enacted and on July 1, 2013 new cyberbullying measures that expand DASA was signed into law.

LINCS/BiasHELP is now certified to provide trainings in the nationally recognized and evidence-based Olweus Bullying Prevention Program it has been the most researched and best known bullying prevention program available today. The Olweus program is a whole-school program that has been proven to prevent or reduce bullying throughout a school setting.

If you are interested in the Olweus Bullying Prevention Program, please contact LINCS/BiasHELP for more information.

Upon completion of this request form

- I understand that I may not videotape or audiotape any speaker without prior written permission from BiasHELP.
- I agree to be respectful during trainings and or workshop sessions.

Name & Signature of Authorized Organization/Agency Representative

Date

Organization/Agency Name

Position/Title