Diabetes SA
Support Always

Guest Speaking Request Form

Thank you for enquiring about Diabetes SA providing a presentation to your organisation.

Diabetes SA is an independent, community based, member organisation dedicated to supporting people living with or at risk of diabetes and their families. We are a not-for-profit organisation and as a registered charity welcome the support of both individuals and organisations across the community.

Please complete the form below and email to Diabetes SA healthservices@diabetessa.com.au or post to Health Services, Diabetes SA, GPO Box 1930, Adelaide, SA, 5001. Please call us on 1300 198 204 if you would like to discuss your requirements further.

Cost of presentation
Standard cost is $220 + GST per hour.
Presentations that require significant development or tailoring may incur additional charges, please contact us to discuss your needs. Additional fees may apply to requests for sessions out of standard business hours (Monday to Friday 9am – 5pm).

Travel fees & cancellation
30 minutes of travel time is included, additional fees will apply for extended travel time. Please note there is a minimum charge of one hour and a cancellation fee of $50 applies if cancelled with less than 48 hours' notice.

Organisation details

Organisation name _____ Contact name _____

Phone _____ Email address _____

Audience information

Who are the audience? _____

Does anyone in the audience have diabetes? ☐ Yes ☐ No ☐ Not sure

Approximate number of people attending _____

Presentation date / time

Please list your preferred date(s) below. We will contact you to discuss our availability.

☐ Option 1 _____ ☐ Option 2 _____ ☐ Option 3 _____

Time _____ Duration _____

Venue ☐ Diabetes SA ☐ Online webinar ☐ Our location (please provide) _____

Topics – please tick

☐ Diabetes prevention ☐ Diabetes screening ☐ Diabetes management

☐ Healthy eating or cooking demonstration ☐ Workplace diabetes prevention and/or management

☐ Early childhood centre or OSHC service ☐ Health professional training ☐ Support worker training

☐ Other (please specify) _____

Signature _____ Date _____