

AMBASSADOR PROGRAM
Organisation Request for an Ambassador Application



All of this information is required to select and brief your Ambassador.

Date of request submission _____

YOUR CONTACT DETAILS	
Business/Organisation Name	
Business Postal Address:	
Physical Address (if different from Postal Address)	
Contact Name	
Direct phone number	
Mobile	
Email	

EVENT DETAILS	
Event Title	
Day and Date of Event	
Time of Event	
Venue Address/Location	
Why does your organisation want a PCFA Ambassador as a Speaker for your event? What is it about your event that is most suited to a PCFA Ambassador?	

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ADDITIONAL EVENT DETAILS

Is the venue served by Public Transportation (select all that apply)?	Bus	<input checked="" type="checkbox"/>	Train	<input checked="" type="checkbox"/>	Tram	<input checked="" type="checkbox"/>	Ferry	<input checked="" type="checkbox"/>	None	<input checked="" type="checkbox"/>
Will the PCFA Ambassador have access to free parking? Describe any special conditions/requirements if appropriate.										
Will beverages/light snacks/meal be offered to Ambassador? <small>nb Consider the timing of when the PCFA Ambassador will arrive, when he or she will speak, whether they will be invited to be at the event from start to finish, whether the audience will be served a meal, etc.</small>										
Is the venue disable friendly?										

DETAILS RELATING TO SPEAKING ENGAGEMENT

On-the-day contact person for the PCFA Ambassador										
Contact person's mobile										
Is the PCFA Ambassador needed for the duration of the event?										
Will the PCFA Ambassador have an opportunity to mingle with the audience members before speaking?										
What time should the PCFA Ambassador arrive?										
What time will the PCFA Ambassador start speaking?										
Approximate time you have allotted for the PCFA Ambassador to speak (including Q&A time, i.e., 20 min + 5 min Q&A = 25 min):										
Tell us about the audience (to help us find the speaker who best matches your audience, e.g., age group, special interests, gender mix):										
Size of audience (approximate minimum and maximum numbers)										
Do you prefer:	No Preference	<input checked="" type="checkbox"/>	Male Speaker	<input checked="" type="checkbox"/>	Female Speaker	<input checked="" type="checkbox"/>				

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AUDIO – VISUAL RESOURCES

What AV Resources will be available for PCFA Ambassador to use?

nb: PCFA Ambassadors have a PowerPoint Presentation on a USB stick

	Computer/Laptop
	Data Projector
	Digital Pointer
	Microphone
	Podium / Lectern

Please provide any other information you think might be relevant to the PCFA Ambassador that might assist him/her for your event.

By submitting this form you are formally requesting PCFA to source a PCFA Ambassador for the event or occasion as described.

You agree to meet Work Health and Safety regulations for the PCFA Ambassador, as defined in the Work Health and Safety Act 2011 .

Full Name _____

Business/Organisation _____

Title _____

You will receive confirmation of receipt within 3 business days.

If you have any questions at all about this form please contact Project Office, Awareness and Education on 02 9438 7019 or enquiries@pcfa.org.au