

# REQUEST FOR GUEST SPEAKER

The Commonwealth Ombudsman investigates complaints about the administrative actions of Australian Government agencies and departments. The Commonwealth Ombudsman is also the Defence Force Ombudsman, Immigration Ombudsman, Law Enforcement Ombudsman, Postal Industry Ombudsman and Taxation Ombudsman.

If you would like the Ombudsman or a member of staff to speak at your event, please complete the form below. To ensure we tailor the presentation to your requirements please answer all questions.

This form can be completed and submitted online at [www.ombudsman.gov.au/contact us](http://www.ombudsman.gov.au/contact-us), emailed to [ombudsman@ombudsman.gov.au](mailto:ombudsman@ombudsman.gov.au) or printed and faxed to **02 6249 7829**.

## YOUR CONTACT INFORMATION

Contact person's name: .....

Organisation name: .....

Street address: .....

Postal address: .....

Day time telephone number/s: .....

Email address: .....

Web address (if any): .....

## VENUE AND PRESENTATION SUMMARY

What issue or topic would you like the presentation to cover: .....

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Preferred date of presentation: .....

Preferred time of presentation: (1) ..... or (2) .....

Duration of presentation: .....

Venue address: .....

### Presentation aids/facilities available at venue:

- |   |                                 |   |                                     |
|---|---------------------------------|---|-------------------------------------|
| <input type="checkbox"/> TV and video       | <input type="checkbox"/> audio  | <input type="checkbox"/> microphone         | <input type="checkbox"/> whiteboard |
| <input type="checkbox"/> overhead projector | <input type="checkbox"/> screen | <input type="checkbox"/> PowerPoint/lap top |                                     |

Audience details, for example, background, number of attendees, special needs: .....

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### How did you find us?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> brochure or advertisement        | <input type="checkbox"/> our website                  | <input type="checkbox"/> referral from another agency |
| <input type="checkbox"/> referral from a service provider | <input type="checkbox"/> other (please specify) ..... |   |

\* Requests must be received at least four weeks prior to the preferred date of the presentation.

\* Please advise of cancellations or changes as soon as known.