**Confirmation of Participation**

*(Name of Business/Organization)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be participating in “Scarborough Community Safety Week” which will take place from **Sunday October 15, 2018 to Saturday October 26, 2018.**

Contact name: \_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the relevant boxes below indicating how you/your agency will participate in Scarborough Community Safety Week.**

|  |  |
| --- | --- |
|  | Invite clients to join on-site activities related to Safety Week.  |
|  | Promote Safety Week through the agency website and/or other promotional tools (i.e. social media, newsletters, etc). |
|  | Host workshops and presentations for clients/community (i.e. onsite or offsite) |
|  | Host workshops and presentations for service providers/ agency staff about the range of support currently available for newcomers safety |
|  | Other(s) |
|  |  |
|  |  |

**Below list the event(s) your organization will host. Please note this information will be added to the Safety Week Event Calendar and posted on the TEQ LIP website.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Location** | **Time** | **Topic and Activity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please provide a brief description of the event(s) and the format.**

**Formats: Presentation (P), Workshop (W), Arts/Culture (A), Group Discussion (G), Others**

|  |
| --- |
|  |

 ***Remarks: (Resource Persons, other agency involved, etc.) …………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………..............................***

***A scanned/e-version of this form is to be submitted to*** ***teqlip@gmail.com*** ***by October 04, 2018***