

National Student Ombudsman (NSO) **Speaker Request Form**

Contact details

Organisation name*	:	
Contact name*		Job title*
Email*		Phone*
Event or mee	ting details	
Name of the meetin	g or event*	
Event description / t	opics / summary [;]	*
Event start date *:		Event start time:
Event end date *:		Finish time:
Date, Time and Durc	ition allocated for	NSO speaker*:
Type of attendance	k	
☐ In person	□ Virtual	☐ Hybrid
Location (if in-perso	n or hybrid):	

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	OFFICIAL	National Student Ombudsman
Audience size and composition*		Ombudsman
Event Web address (if available)	:	
Other confirmed speakers and/o	r key attendees*	
Will media be attending the even	nt? *	
□ Yes □ No		
What level of participation are yo	ou requesting for this	meeting/event? *
□ Conference or seminar presen□ Keynote speaker□ Panel discussion□ Exhibition booth / stand	ntation	
☐ Meeting☐ Other, please specify:		
Do you anticipate there will be qu following NSO's presentation? *	uestions and answers	s from attendees
□ Yes □ No		
About our representat	tive	
Do you require a biography and/	or photograph? *	
□ Yes □ No		

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Would you like the NSO to provide information on specific subject matter? If so, please specify:
Do you have additional information about your meeting/event?
When do you need to know if our representative can attend? *
Once complete, please return this form to:
NSOoutreach@ombudsman.gov.au
National Student Ombudsman, GPO Box 442, Canberra, 2601