



New Initiative and Post Event Form

The information provided will be compiled and reported in the 2022 Public Service Pride Network's annual report.

| General Information | | | |
|--|--|--|---|
| Contact person: | Name: | | |
| | Email: | | |
| | Pronoun(s) (opt.): | | |
| Additional information | | | |
| Name of the initiative or event: | | | |
| Lead department or network: | | | |
| Intended audience of event / initiative: | <input type="checkbox"/> Network | <input type="checkbox"/> Department | <input type="checkbox"/> Public Service |
| Date: | | Time: | |
| Number of attendance: | | | |
| Language(s): | <input type="checkbox"/> Bilingual | <input type="checkbox"/> English | <input type="checkbox"/> French |
| Accessibility Service(s): | <input type="checkbox"/> Sign Language | <input type="checkbox"/> CART Services | <input type="checkbox"/> None |
| Description of initiative / event | | | |
| (max 300 words) | | | |
| | | | |
| Long-term impact (opt.): | | | |

Please send completed request to the Public Service Pride Network [inbox](#).