



November 2006



Moreland Hall Community News

Chief Executive Officer's Column

Welcome to the Bumper edition November 2006 Moreland Hall Newsletter.

The time since our last newsletter has gone quickly, with much happening in and around Moreland Hall. It was fantastic to have so many of our friends and supporters celebrating with us on November 9, with the launch of our 2005/06 Annual Report.

A number of our programs have also received confirmation of future funding since our last newsletter. The Commonwealth has granted extensions till July 2008, for both our Intensive Support Service and Hume Youth & Parent Drug (HYP'd) services. This gives us a great opportunity for these programs to consolidate the work that has been developed over the first two years of the projects.

It is with pleasure that I also report that the William Buckland Foundation has agreed to provide an additional year of funding for the Intensive Supported Playgroup. The playgroup was funded for an initial two years from September 2004 and has filled an important gap in service provision for parents with an addiction who have young children. The playgroup has enabled us to support parents who have addiction issues, but also has enabled us to provide a learning and supportive environment for

their children. We are currently exploring possibilities for the program to be continued through Department of human services funding from July 2007.

Moreland Hall has also received funding from the Department of Human Services to provide some Koori specific programs across the state. This has included the Yarndi Koori Education Program, which is a specific program for Koori people, which is based on the Cautious with Cannabis program that has been previously developed by Moreland Hall.

The process of the Quality Accreditation for Moreland Hall is coming to a close, with many staff across the agency completing tasks within the programs to ensure that all services operate within a quality framework. The formal Accreditation process will take place by the QICSA reviewers in March 2007.

Finally, I would like to wish you all a very happy Christmas and prosperous 2007 and I look forward to working with you "to build a community where people reach their full potential and are not disadvantaged by alcohol and other drug issues."

Laurence Alvis, CEO

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UCMH Intensive Playgroup was nominated as one of the best examples of services in Victoria.

Moreland Hall Intensive Support Services and Intensive Playgroup programs recognised at National and State Awards



The Intensive Support Service (ISS) was a finalist for the Excellence in Treatment Award at the 2006 National Drug and Alcohol Awards. This award recognises excellence in the provision of services for the treatment of any type of drug dependence. Although we did not “win the award”, it is important to remember that Moreland Hall was judged to be one of the best three examples of services in treatment across the whole of Australia. That’s a “win” on its own! Congratulations to everyone that has been involved in such a splendid result!

The Moreland Hall Intensive Playgroup was a finalist at the inaugural Department of Human Services Early Years awards in October, under the category “Improvements in parents capacity, confidence and enjoyment of family life”.

Although we were not successful in winning the category, Moreland Hall Intensive Playgroup was one of nine finalists for the category in which we nominated. In total across the 3 awards categories presented, 119 applications were considered, with 35 finalists being nominated. Once again, congratulations to everyone that has been involved in such a splendid result!

Art House

Linking Glenroy Art Project



“Thankyou to all the service users and staff who participated and contributed to the Linking Glenroy art project. The exhibition, held in June was a complete success!”

Over 30 young people from Gwenyth Williams House and the Intensive Playgroup contributed paintings to the exhibition.



The artworks have been exhibited in the Moreland Council building in Bell Street and are now on display at Moreland Hall.

By Shannon Bell



Reflection—November / December 2006

Heart Treasure



"For where your treasure is there will your heart be also." (Matthew 6:21)

Christmas can be an opportune time to ponder what matters most in our lives.

I returned recently from my first journey to Asia – a wonderful experience, visiting North Vietnam, Thailand and Singapore. Too brief, but many images, situations and themes to ponder.

One image that has set me thinking was a huge Christmas decoration on the side of one of Singapore's huge stores.

It quoted the New Testament (Matthew's gospel, chapter 6, verse 21 to be precise). "For where your treasure is there will your heart be also" adorned the outside walls, the internal pillars and glass doors in and out of the building.

The usual context for this verse is Jesus' famous 'Sermon on the mount', following the teaching on prayer, fasting and alms-giving. It is usually understood as a challenging comment on wealth and acquisitions, condemning the superficiality of materialism. It generates a reassessment of what matters most, loyalties, priorities, courage, rewards and the future.

Placed on a huge shop full of every glittering desire the heart could imagine I wondered what the saying conveyed.

Daring to reflect on materialism has implications at many different levels. What might be done differently if our activities as organizations or agencies were determined, not by the availability of \$\$\$, business models, episodes of care, or targets? What might alter if our systems were truly seeking to express values of justice, compassion, equity, fairness, truth and reconciliation?

It was successful advertising in getting me to think. What matters most to me? Am I only conscious of those priorities at this time of the year? When am I courageous? When am I anxious? When do I make space and time in everyday life to ponder or even pray?

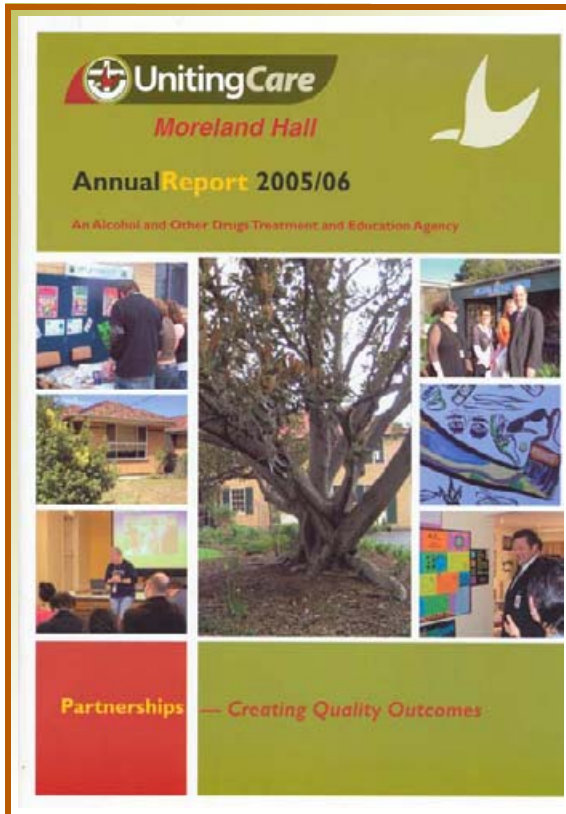
Am I amassing material things, or am I developing some of the more intangible but lasting treasures – friendship, love, compassion, wisdom, hope, trust and the ability to generate these things in others?

What about you?

Grace and peace
Rosemary



Moreland Hall 2005/06



The UnitingCare Moreland Hall 2005/06 AGM was held on Thursday 9th December. After refreshments the Chairperson, Dr Lou Harms welcomed a full capacity audience to the meeting. A reflection was made by Rev Ray Gormann followed by CEO report by Laurence Alvis. Mr Iain Ross reported on the financial year 2005/06.

The keynote address was a preview of the Moreland Hall film, a well received work-in-progress presentation which had only just arrived back in time for viewing due to technical problems! Work is to continue and will be shown at the end of year staff lunch. Laurence Alvis thanked Jeff Bowen for all the work that was put into the production of the film.

Laurie Bebbington made a presentation to retiring Chairperson, Dr Lou Harms and the evening ended with a Vote of thanks by Laurence Alvis. Guests mingled after the meeting over refreshments.



**Partnerships -
Creating Quality
Outcomes**

Annual General Meeting



New Chairwoman for the Board of Governance at Moreland Hall



At the Annual General Meeting Dr Louise Harms officially stepped down from her position as Chairperson of the Board of Governance. Moreland Hall is very grateful to Lou for her support and guidance over the past three years. Lou will remain a valued Board member at Moreland Hall.

We are also pleased to advise that Ms Laurie Bebbington has accepted the position as the Board's new Chairwoman. Laurie joined the Board in 2003 and brings senior executive and public policy expertise as well as a unique understanding of the drug treatment sector.

Ms Laurie Bebbington (left) , Mr Laurence Alvis and Dr Lou Harms.



Drugs and Driving Update

As many of you may be aware, in 2000 Moreland Hall designed Victoria's mandatory *Drug Driving Education Program* and they began to deliver this program in 2001. Since this time, Moreland Hall has taken an active interest in the emerging drug drive education, research and legislation and they have regularly updated and modified the educational program to take into account emerging knowledge and the changes that have occurred. Our involvement in Drug Driver Education has highlighted that many people are still confused about the legislation that exists in Victoria and how it came about, so we wish to take this opportunity to provide a brief summary.

2000

In Victoria the provisions of the Road Safety Act of 1985 were amended in 2000 to allow for the apprehension of drivers suspected of driving while impaired by drugs other than alcohol. At this time the only process for detecting drug drivers was as follows:

- € #A suspect driver would be stopped at the roadside by police and breathalysed for alcohol in the standard way. If they blew positive they would be charged for a drink driving offence.
- € #If they blew under the legal limit for alcohol they would be required to perform a series of tasks that were originally designed to detect alcohol intoxication.
- € #These tests, the Horizontal Gaze Nystagmus, the Walk and Turn and the One Leg Stand have been validated to measure the degree of drug-induced impairment at quite a high level of reliability.
- € #Depending upon their performance on these tests, they would be required to attend a police station where they would have a second breathalyser test and were required to have a blood and urine sample taken to test for the presence of drugs in their systems.
- € #All drugs were tested for in this procedure including over the counter and prescription drugs. In the case of over the counter and/or prescription drugs having been the cause for the driving impairment, the driver would need to prove that they did not know that the use of these drugs could or would impair their driving, or that they had consumed the drug in accordance with advice given by a pharmacist, dentist or doctor.

2003

In December 2003, the Victorian Parliament passed the Road Safety (Drug Driving) Act 2003 that allowed the enforceable trial of random roadside drug testing for *Delta 9 THC* (the active component of cannabis) and *methylamphetamine*. Testing began in December 2004 and was a world first.

The testing process

Even though the roadside testing procedure is at random, police have been focussing on known high risk areas of drug driving, such as heavy vehicle routes and entertainment precincts. During the procedure drivers are stopped at random and asked to submit a saliva sample by applying their tongue to, placing their mouth on or chewing on, an absorbent collector. The sample is screened at the roadside with the result determined in approximately five minutes.

Drivers returning a positive test are asked to accompany police to a drug bus and provide a second sample; if this is also positive they are interviewed by police and allowed to leave (but not to drive). Once an illicit drug is no longer present in their bodies, drivers are allowed to drive prior to receiving the result of the second test. The second saliva sample is sent to a laboratory for more accurate testing which takes a number of days. If this test confirms the presence of the selected proscribed drugs the driver may be prosecuted.

The rationale behind testing for Delta 9 THC and methylamphetamine

The rationale for selecting Delta 9 THC and methylamphetamine for random roadside testing is that:

- €##there is evidence that drivers using these substances are at increased risk of causing a road accident;
- €##they are the impairing substances with the highest incidence (after alcohol) in fatally injured drivers;
- €##neither Delta 9 THC nor methylamphetamine is found in any Australian prescription medication; and
- €##they can now be reliably detected in driver saliva samples at a time when their use will adversely affect their capacity to drive safely.

Note: the screening level is set so as to avoid false positives even though the legislation allows for zero tolerance of Delta 9 THC or methamphetamine and;

Trial of Random Roadside testing results: December 2004 – May 2006

In the trial of random roadside drug testing conducted in Victoria() 1 in 46 drivers tested was found positive for either cannabis or methamphetamines which is more than 5 times the proportion detected as over the limit by 'booze buses' in one year. Statistics such as these suggest that many Australian drivers are not aware of the potential dangers of driving whilst under the influence of a psychoactive drug. During the trial period the police also tested for the presence of ecstasy although no

charges were made because of uncertainty over the reliability of the saliva testing procedure with this drug. However, during the trial, 25 tested positive for ecstasy alone and more than 200 tested positive for both ecstasy and methamphetamine.

2006

On February 31st 2006, the Victorian Government introduced legislation for random roadside testing for Delta 9 THC and methylamphetamines to be permanently implemented from July 1st 2006. From 1st September 2006 ecstasy was also included as being a proscribed drug to be tested for.

Penalties

The drug driving campaign is about improving road safety. Legislation prevents the evidence of saliva testing being used in court proceedings for non road safety offences.

- € *First offence - (Traffic Infringement Notice): 3 penalty units fine - 3 demerit points*
- € *First offence - (Court penalty): Up to 12 penalty units fine - Up to three months' licence cancellation***
- € *Second offence - (Court penalty): Up to 60 penalty units fine - Twelve months' licence cancellation***
- € *Third and subsequent offence - (Court penalty): - Up to 120 penalty units fine - Twelve months' licence cancellation***
- € *Refusal to provide sample:*
- € *First offence (Court penalty) - Up to 12 penalty units fine - Six months' licence cancellation***
- € *Second offence (Court penalty) - Up to 60 penalty units fine - Twelve months' licence cancellation***
- € *Third and subsequent offence (Court penalty) - Up to 120 penalty units fine - Twelve months' licence cancellation***

**For the 2006-07 financial year a penalty unit is \$107.43.*

*** People who lose their licence as a result of drug driving offence must undertake a drug education and assessment course before being eligible to get their licence back.*

Where to from Here?

Like many other individuals and organisations, Moreland Hall wishes to prevent and reduce drug related harm. Reducing the prevalence of drug impaired drivers will assist with this aim. As part of this effort, Moreland Hall produced a DVD in November 2005 entitled *Drugs and Driving*.

The DVD was made with the assistance of Inspector Martin Boorman (Officer in Charge, Traffic Alcohol Section – Technical Unit, Victoria Police), Professor Phillip Swann (Adjunct Professor, Swinburne Centre for Neuropsychology), Sara Davies (Clinical and Educational Supervisor, DASWest, Footscray), Belinda Maloney (Victorian Accredited Driver Programs, Department of Human Services) all of whom were able to add their expert knowledge to the DVD.

Since it's development, extracts from the DVD have been primarily used as part of educational interventions (those targeting individuals with emerging drug related problems) run by Moreland Hall and other registered Providers such as *Cautious with Cannabis* which is part of the cannabis diversion program, *First Offenders Court Information Service* (FOCiS) and the *Drug Drive Education Program*.

Currently Moreland Halls *Drugs and Driving* DVD is the only product of its type, and Moreland Hall's Education and Training team wishes to extend its use to the broader community & organisations. To this end, the Education and Training team is working in collaboration with other agencies to update the content of the DVD and to find ways of incorporating it into universal prevention initiatives which target the general population and selective prevention programs targeting groups at increased average risk.



UnitingCare Moreland Hall Education and Training



Lesley-Anne Curran Place

Program Report November 2006

Changes to the program at LACP have gradually taken place over the last 6 or so months. Structuring the program has helped our clients get the most out of their stay at LACP and hopefully assist and enhance the work of LACP staff by:

- € Providing clients easier access to resources
- € Providing clients easier access to information
- € Providing clients regular opportunities for relevant education
- € Providing creative and recreational opportunities
- € Alleviating some time pressure on staff
- € Enhancing team approach
- € Consistency.



An example of the program

- € **0745**—Clients up for shower, breakfast and morning meds before the house meeting.
- € **0900**—House meeting - previously 1000hrs, time changed to free up the morning, with no need to cram the meeting, walk, morning group, lunch preparation and admissions into a 2-hour period.
- € **0930**—Walk (weather permitting)
- € **1030**—Morning group
- € **1230**—Lunch and medication time
- € **1400**—Afternoon group
- € **1600—2000**—Visiting hours
- € **1800—1930**—Evening meal
- € **1930**—AA/NA—(Mon, Tues, Thurs)
- € **2100**—Evening relaxation group
- € **2230**—Evening medication.

Other aspects taken into consideration in the program are handover times, clients admissions, meal preparation, ITPs, visits from other workers, and factoring in the role of the PWS Worker etc.

Having a structure helps with the client's need for routine-aids in return to normal sleeping and eating habits. There is a greater sense of awareness of individual staff roles as part of the team as a whole.

Groups

Groups were previously run where possible but not with much regularity. Staff tended to have their "specialty" group that they would present when they could. Groups are now run regularly in the morning and afternoon. The focus of these is generally to get clients beginning to think about what will help them to achieve their goals post withdrawal.

Current regular groups include

- € Dealing with Triggers
- € Relapse Prevention
- € Daily Planning- Routine

- € Where To From Here? (PWSW)
- € Chaplain's Group
- € Goal Setting
- € Sleep.

Other groups being prepared to slot into the roster include

Stress, Managing emotions, Finding solutions, Nutrition and Art therapy.

External agencies currently presenting groups include

- € AA, NA, New Life (women) and Yoga

Menu

The set menu has been in place now since early July 2006.

Reasons for making this change include:

- € Menu contains recipes that are simple, the diet is healthier and aids in the body detoxing
- € Cater more to all cultural backgrounds
- € More vegetarian options
- € Save time—less shop runs, less menu debate during house meeting
- € Budgetary



Art and Craft

Art/Craft is a huge part of LACP life. We have over the last few months created a more regular and structured ordering system. This has resulted in a greater supply of materials and resources more readily available for use as needed. This also reduces the need for frequent trips to the Craft shop for individual items. Some of the many positives of Craft being a part of the program are:

- € Reduction in boredom
- € Providing a creative outlet
- € People make things to inspire themselves or as gifts for loved ones
- € People take pride in their work and have a sense of achievement



I am always amazed at some of the creations that come out of that little corner and what can

be made with some of the "junk" floating around. I have to admit this area was one I was quite apprehensive about to begin with because it is not my area of expertise. I quickly



learnt that it is simply a matter of having resources and people will do the rest.

Our art therapy student Shirley was particularly valuable in her months at LACP. She has provided the option to incorporate art into groups. Recently Shirley ran a group to create murals so that residents can leave a lasting impression on LACP and encouragement for those that come after them. Shirley's placement has just ended and she is already missed.

Sport and Recreation

The aim of this is to provide opportunities for some level of physical activity whilst here and also to encourage and inspire clients to incorporate something physical and enjoyable in their post withdrawal routine. The emphasis is not on competition or skill, but simply opportunity. Games like Bocce are ones that almost anyone can play, with little or no fitness and is very low impact.



We have recently purchased a variety of new sporting and recreation equipment. We already had some equipment available such as a cricket bat, tennis rackets, tennis/volleyball posts and net, badminton rackets, shuttlecocks, and the pool table.

Equipment purchased includes

Basketballs, Footballs, Soccer ball, Volleyball, Netball, Tennis balls, Table tennis net, Bocce set, Boxing bag (freestanding), Totem tennis set, Pilates DVD, Resistance Bands (more practical and cost effective alternative to traditional gym/weight training equipment), Instructional books for use of resistance bands and fit-balls.

I love hearing and seeing the sense of satisfaction and happiness that is evident when someone does something they used to enjoy but haven't done for years, or maybe even trying something for the first time. Like craft, recreation options are currently not a formal part of the program. Looking to the future I would love to find effective ways to motivate people to have a go! Currently we are working with Ivanhoe Aquatic and Leisure Centre to arrange for clients to use the pool and spa facilities there 2-3 days per week as part of the program. Once we complete the formalities this can become a regular part of the program. Details to follow!

The outdoor area has added very welcome leisure and recreation options for clients of LACP. Established in September 2005 the outdoor area has a basketball court with rings at both ends. In addition to this there is a net that can be adjusted in height meaning that tennis, volleyball and badminton can be played. It is also a great area to have a kick of the footy or a game of 'backyard cricket'. The other bonus is increased exercise for staff- every time a ball goes over the fence staff get to go for a nice



jog! We have recently purchased a freestanding boxing bag, totem tennis set, and bocce set so the options for Leisure activities are many and varied.

Outside there is also a water feature and fishpond. The garden and veggie patch are increasingly becoming part of the program. We are never short of expert gardeners and people willing to give it a go. This has numerous benefits including:

- € Therapeutic / distraction for clients
- € Opportunity for time out
- € Opportunity to do something people love doing
- € Out in the sunshine and opportunity to plant something and see growth!

The veggie patch has already produced a harvest that was turned into a fresh food feast by clients, which fed the whole unit. Hopefully we will increasingly move towards being self sufficient with our vegetable and herb supplies.



The BBQ also gets a good workout at least every Friday when we have a staff/ client BBQ. Everyone loves a 'barby' and everyone chips in to get it done. If the weather permits we all sit outside and enjoy the sunshine and share lunch together.

Other benefits of the extended outdoor area include

- € Open space – people simply enjoy the feeling of not being confined
- € Clients regularly walk or run around the court to stay active
- € Groups are occasionally held outside if the weather is simply too good to stay indoors
- € Extra area for visitors to utilise and room for kids (visitors) to be kids
- € Opportunity for fresh air and sunshine
- € More opportunity to find a quiet place for timeout and reflection

Recently when another withdrawal service, identical to Moreland Hall, (apart from the outdoor area) had a fairly severe sewage problem their clients were dispersed to other services with three clients coming to LACP. When it was time for these clients to leave they all stated that they would miss the open space of LACP. That feedback is very welcome and summarises the positives of having the outdoor area.

Other Equipment

Occasionally we purchase or receive donations of equipment for the unit. Other supplies include new board games and jigsaw puzzles (very frustrating but a lot of fun!). Recently we purchased a new television and a DVD player for use in the quiet room. This will allow more DVD/Video based resources to be incorporated into groups and activities.

All of these changes have hopefully enhanced the experience that our clients have as they continue their journey to achieving their goals.

*Kingsley Novell,
Education and Activities Worker
Lesley-Anne Curran Place.*

Drug Action Week 2006



On 30th June, as part of Drug Action Week Moreland Hall hosted a morning tea for staff, clients and visitors, including Kelvin Thompson, local MP.



Moreland Hall staff made excellent presentations about their programs.



Kelvin stated he was very appreciative of staff, young people, children and parent's time and that he enjoyed his morning at Moreland Hall, including the staff presentations about their programs and a tour of Gwenyth Williams House and the Intensive Playgroup.



Wendy Moncur.

Frontline Management Participants receive the THUMBS UP

After 16 hours of classroom time, external reading and homework the team has successfully completed the first 2 modules of the training:

- € Implement Effective Workplace Relationships,
- € Implement Operational Plans.



Presentation at 2006 APSAD Conference; Meeting New Challenges

The conference was held in Cairns in the first week in November. Readers will be pleased to know that conference organisers remained strong to the Australia spirit and from our place in the warmth and sun we all stopped to watch the running of the Melbourne Cup on the cold and wet day that it was. Uniting Care Moreland Hall participated in three presentations, all within the Co morbidity stream.

Organisational Linking – Working Better with dual Diagnosis.

Kathleen Ryan and Rose McCrohan presented on the strategies that Northern Nexus have used to bring together Moreland Hall's 12-bed Community Residential Drug Withdrawal unit, Lesley- Anne Curran Place (LACP) and Austin Health's Banksia House and Acute Psychiatric Unit (APU). Banksia House is an Eating and Mood Disorder inpatient program. The unit managers meet the DALMIPU (Drug and Alcohol Linkages with Mental Health Inpatient Units), facilitated by NEXUS. The presentation focused on the strategies that have been used to bring the parties together and some case studies were presented that demonstrated the positive clinical outcomes for clients. These clients, admitted into Banksia house, were identified with A&D issues and referred for assessment to Moreland Hall. LACP coordinator undertook these assessments while clients remained in Banksia house. Of the 7 cases assessed so far, 5 were admitted via direct transfer to complete alcohol withdrawal. Most clients had a concurrent major depression. Two other assessments undertaken resulted in brief intervention and subsequent referral to private counselling services. Three other case studies were presented of clients assessed in the APU (Acute Psychiatric Unit), again alcohol related and mental health issues. The presentation focused on the positive outcomes for these clients as a result of their referral into inpatient withdrawal services and linkages into alcohol and drug services as well as referral back to private psychiatry.



An Intensive Support Program for Alcohol and Other Drug clients with complex needs. The Intensive Support Services presentation on behalf of Simone Miller and Fiona Lewis focused on highlighting the therapeutic interventions that accompanied the intensive outreach support. Emphasis was given to case planning established with the client to maintain a therapeutic balance between intensive support and building self-efficacy. Case studies enhanced the delivery of the information and it was well received. This program was a finalist in the recent National Drug and Alcohol awards.

Dr Dina Kochaeva presented on the management of dually Diagnosed clients at LACP. This included an overview of 100 clients who were admitted over a two-month period. Data was presented on the number of clients who were admitted with a concurrent mental illness, included anxiety, depression, eating disorder, depression, bipolar affective disorder, Schizophrenia and other mental health concerns. The data demonstrated the number of clients diagnosed and the pharmacotherapy that they were taking to manage their mental illness. The presentation outlines the pathway for clients to access Moreland Hall's assessment process and outlined the activities and therapeutic elements of the withdrawal service that facilitated a successful withdrawal episode for clients. It demonstrated Moreland Hall's capacity to manage dual diagnoses clients. This capacity has been enhanced by the availability of secondary consultation and training through SUMITT (Substance Use and Mental Illness Treatment Team).



Rose McCrohan, Coordinator Lesley-Anne Curran Place

A visit by Broadmeadows and Campbellfield Uniting Church Presbyteries

Rose McCrohan accepts with thanks dental packs kindly donated for clients by Broadmeadows and Campbellfield Presbyteries.



Moreland Hall also sincerely thanks the Brunswick Uniting Church for their generous donations of dental packs.



Moreland Hall Christmas Cards For Sale



Order Form

Moreland Hall Christmas Cards For Sale

Featuring the mosaic tiles, created by clients

\$1 each



Proceeds of sales will assist in the provision of programs and services offered to clients and their families

Choice	Quantity required \$1 each	Total
1. Koori Peace		
2. Seasons Greetings Yellow		
3. Peace butterfly Green		
4. Seasons Greetings Blue		
Postage \$5.00 per order		\$5.00
TOTAL AMOUNT PAYABLE		
Please include payment with order, payment payable to: Uniting Care Moreland Hall 26 Jessie Street Moreland 3058. Phone: 9386 2876		\$

Please despatch my order to:

Name: _____

Organisation: _____

Address: _____

Suburb: _____ Post Code: _____

Telephone No: _____

Fax: No: _____

Email Address (please print) _____

Thankyou for your order. To hasten delivery of your order fax to 03 9384 8891.
Your order will be prepared and despatched immediately payment is received.

With Christmas rapidly approaching UnitingCare Moreland Hall is once again offering Christmas cards for sale.

These cards feature mosaic artwork designed and created by clients of the Youth Community Residential Drug Withdrawal (Gwenyth Williams House).

The message inside the card reads "Wishing you the joys of Christmas".

The cost of each card is only \$1.00 plus postage and handling of \$5.00 per order.

Proceeds of sales will assist in the provision of programs and services offered to clients and their families.

If you wish to order any cards please use the order form and fax to 9384 8891 or mail to Moreland Hall, at 26 Jessie Street, Moreland, 3058, enclosing payment for prompt delivery.



Contact details:
UnitingCare Moreland Hall
26 Jessie Street
Moreland 3058
Ph 9386 2876
Fax 9383 6705
www.morelandhall.org

