









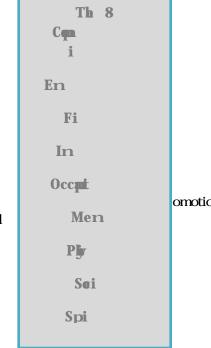
KeyHeal & Wel h Pr l n

The current 2013 priorities include tobacco, nutrition, mental health and alcohol. These priorities will change and advance throughout the calendar year so subject to change annually.

- ™ Wellness programs and initiatives to directly address the priorities and would likely include the Wellness Coordinator or involve departments.
- $^{ extsf{TM}}$ Special projects or models to support the priorities and would likely include the Wellness Coq a rdintatorship out the relative Wellness Coo

2. Heal & Wel h Cin l n

™ Committees – to stoW re non pr**ty**fit in **n**ature), charities, and clubs, along with their staff and community volunteers that the Wellness Coordinator will invite to support the activity.



3. Heal Li by Peg • Open

™ Wellness activities –to address wellness topics, and as such include lunch and learns, dialogues, group meetings, celebrations, or other activities that can also involve other health agencies or provincial health charities.

Wellness and health promotion activities and initiatives come in many different forms, but the main purpose is to encourage, promote and facilitate individuals or populations (students, staff, faculty or community) to take preventive measures to avert the onset or worsening of an illness or disease, and to adopt healthier lifestyles. Hence a wide range of initiatives and activities can be established as good investments to enhance wellness for the Saint Mary's University stakeholders, as well as provide education to the overall community.

ments.

Integrated WellnessSuite

Please contact the Wellness Coordinator for further information or to discuss requests:

Kelly Thompson

Homburg Centre for Health & Wellness Integrated Wellness Suite Room 214

Office: 902 491 6485

Email: kelly.thompson@smu.ca

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Integrated Wellness Suite



connections to many departments, student societies, staff working groups and health organizations that share the Strategy's vision of a healthy campus. For that reason, Saint Mary's University wants to promote partnerships with internal departments, external organizations, and individuals anyone who wants to participate actively in promoting health and wellness across our campus. So it is essential that the Integrated Suite be utilized to support a variety of healthy lifestyle activities and initiatives, to improve access to programs and services, as well as improve awareness to informat

Integrated Wellness Suite



1. Contact Information	Date:		
Contact Person: Department/Organization :			
Title:			
Email:	Telephone:		
2. Request Details – please provide details			
Health priority:			
New SMU wellness activity, program or initiative:			
Existing SMU activity/ initiative:			
Student placement:			
Student Health & Wellness committee:			
Staff or Faculty working group:			
Special project or model:			
Ad hoc working group:			
Community Healthy Lifestyle program or opportunity:			
Other:			
3. How long do you anticipate the Suite will be used for the requested purpose?			
4. What is the anticipated time line	4. What is the anticipated time line for moving into the requested Suite?		
·	·		
5. Will there be any additional needs or costs incurred as a result of securing this Suite? If so,			
	for this additional cost? (e.g. computer equipment, large		
storage of items, operating costs,	etc.)		

Integrated Wellness Suite



A, Has your department/organization applied to use the space before? Yes No					
B. If so when and for what?					
C. Additional documentation provided? Yes No					
If so, what is it?					
D 01 1 551					
D. Signed off by:	Applicant's Signature:				
	Senior Management Group Member:				

For Department Use Only

The request has been reviewed and approved for submission by the Wellness Coordinator and Senior Director of Human Resources.

This request has been given the following priority rating:		Recommendation/Comments		
High		Appropriate Purpose/Fit?		
Moderate		Discussion or element missing/needed work?		
Low		Not recommended? Why?		
Received Date:				
Approved Date:				
Reviewed By:	Initials			
Follow Up Date and By Whom:				

Suite Needs Assessment Worksheet

- a. How does the request fit with the Wellness Strategy/Objectives (Vision & Direction)?
 b. What are the benefits (increased awareness/skills/knowledge, support for new component, new program, etc.) to stakeholders?
 c. Will the duration/timing of the request work?
 - d. Will request disrupt any current or existing on going activities in the