

## TEACH Project Training Request Form

### **INSTRUCTIONS:**

Thank you for your interest in training from TEACH. Please help us understand your training request better by completing this form.

### **Information about the organization(s) requesting training:**

Date of request

dd/mm/yyyy

Name of requesting organization

Name of partnering organizations, (if applicable)

Name of contact person

Contact information

Email:

Postal address:

Tel.:

Fax:

### **Nature of training required:**

Goals and objectives of having training  
(*purpose of the training*)

### **Requested date of training:**

Exact date(s) required?

If yes, specify: dd/mm/yyyy

Or flexible date range?

from

to

Comments:

### **Location of training:**

Town/city

**Audience profile:**

Estimated number of participants:

**Registration is:**Open to community (e.g., other agencies) Or Restricted: 

Please explain:

**Professional disciplines/roles (check all that apply):**Aboriginal Health Worker Addiction Counsellor Community Health Worker General Practitioner/Family Physician Health Educator Nurse Practitioner Pharmacist Registered Nurse Social Worker Youth Worker/Advisor 

Other, please describe: