

### TRAINING REQUEST FORM

DATE OF REQUEST:

Name:

Organisation:

Group/Team ( if relevant):

Postal Address:

Phone:  Fax:

Email:

Web Address:

Tick here if you *do not* want to be added to the QPASTT Mailing List for Training

Have you had any training from QPASTT in past 12 mths? Y N

#### REGARDING THE PARTICIPANTS AND ORGANISATION REQUESTING TRAINING:

##### a) EXTENT OF THE PARTICIPANTS' WORK WITH REFUGEES AND REASON FOR TRAINING REQUEST

% of clients who are refugees (estimated):

% of clients who are newly arrived refugees (estimated) (in Aust less than 12 months):

Nature of work with these clients:

Organisation's Catchment Area (specific region, state-wide):

Who is the training for? (numbers and profile)

What is the reason for the training request? What has led to the need for training?

What do you want participants to be able to do differently as a result of this training?

**b) PROPOSED TRAINING CONTENT AND FORMAT**

Requested content:

Format (eg workshop, lecture, information session, combination or other):

No. of Sessions x Session Length:

Equipment Available (eg Data projector, overhead projector, DVD / video player):

**c) TRAINING DETAILS**

Proposed day/s & date/s:

Proposed time/s:

Venue

Address:

Preferred Trainer (if any):

Please email completed form to [forrestjames@qpastt.org.au](mailto:forrestjames@qpastt.org.au) or fax:3391 6388 or mail:  
 Att: Forrest James PO Box 6254 Fairfield, 4103. Requests will be confirmed or declined generally within one week but may take up to 3 weeks after lodgment.

**OFFICE USE ONLY**

Approved: Yes

No

Date:

If Yes, allocated to:

Date:

Materials discussed: Yes No

Train-the-trainer required: Yes No

Confirmed with organisation on: