

## **Request for Education & Training Services 2020**

**Please Note: Four (4) week's notice is required for education requests.  
Shorter timeframes will be considered but may not be able to be accommodated.**

**Who is Requesting? (Details of person / organisation)      Date: \_\_\_\_\_**

Organisation: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ F: \_\_\_\_\_ M: \_\_\_\_\_

Email: \_\_\_\_\_

### **Details of Education Requested**

Topic/Title: \_\_\_\_\_

Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Delivery Context (i.e. How will this training fit into your organisation's broader program?)

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Size of Group: \_\_\_\_\_

Age/s of Group (Please tick all that apply):

Under 12     12-14     15-17     18-25     Adult

Other Details of Group (Please tick all that apply):

Aboriginal/Torres Strait Islander     Culturally & Linguistically Diverse (CALD)     Disability (Please specify): \_\_\_\_\_

**FPWNT Office Use only**

Approved: Y/N

Facilitator:

Fee Quoted: