

ANGLICARE
COLLEGE

Accredited Training Request Form



Person's contact details making the training request

Name:

Phone number: Email address:

What type of training do you require?

Preferred date/s and times for training:

Expected outcomes for staff (please dot point at least two outcomes):
.....

Number of staff expected to attend:

How long would you like the training to go for?

Location of training?

Do you have a space for training? YES NO

If you have a training room available, please tick the resources available:

- | | | |
|---|---|--|
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Screen or white wall | <input type="checkbox"/> Desk and chairs |
| <input type="checkbox"/> Speakers for sound | <input type="checkbox"/> White board | <input type="checkbox"/> Smart board |
| <input type="checkbox"/> Break out space/additional rooms/space for games | | |

Please return this form to learning@anglicare.com.au or**SUBMIT FORM**