



TRAINING REQUEST FORM

Training requested by:

Name:

Position:

Organisation:

Address:

Phone:

Fax:

Email:

Type of Training Requested:

Target Groups for Training:

Preferred Date/s for Training:

Location of Training:

Can you organize:	Yes	No
Venue & Equipment (TV, VHS, OHP, Whiteboard)		
Morning & Afternoon Teas		
Local advertising/promotion to attract participants		
Photocopying		

Other Comments:

Completing this Training Request form assists MDVS in planning and conducting training sessions. Please contact us if you would like to discuss any of the above, your area's needs or the course content.

Thank You

Please complete this form, then click the email button or print and fax to (03) 5022 2216