

# CLE/Training Request Form

Thank you for considering Women's Legal Service to conduct training for your organisation. Please complete this form and return to [admin@wlsq.org.au](mailto:admin@wlsq.org.au) at least four weeks prior to your requested training date. You will then be contacted about your training.

## Organisation details

Name of organisation: \_\_\_\_\_

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Address/location of office: \_\_\_\_\_

## Training date/venue/audience

Who will be attending:  Solicitors  Social workers  Community workers  Management

Other (specify): \_\_\_\_\_

No. of participants: \_\_\_\_\_ Is catering required:  Yes  No

Proposed date/s for training: \_\_\_\_\_ Preferred Day/s:  Mon  Tues  Wed  Thurs

Time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Fri Length of training: \_\_\_\_\_ hrs

Proposed location/venue: \_\_\_\_\_ Is your organisation able to supply required training equipment (laptop, projector, screen):  Yes  No

## Training details

Topic of training: \_\_\_\_\_

Training objectives: \_\_\_\_\_

\_\_\_\_\_

Areas to be covered during the training: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_