

# COMMUNITY LEGAL EDUCATION / TRAINING REQUEST FORM



Thank you for considering Women's Legal Service (SA) to conduct training for your organisation. Please complete this form and return to [admin@wlssa.org.au](mailto:admin@wlssa.org.au) at least two weeks prior to your requested training date.

## ORGANISATION DETAILS

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

Contact person: \_\_\_\_\_ Position: \_\_\_\_\_

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

## TRAINING DETAILS

Approx. no. of participants: \_\_\_\_\_ Proposed training date: \_\_\_\_\_

Time start: \_\_\_\_\_ Time finish: \_\_\_\_\_ Length of training: \_\_\_\_\_ (hrs)

Proposed location: \_\_\_\_\_

Is your organisation able to provide training equipment?

Screen (Yes / No)

Projector (Yes / No)

Microphone (Yes / No)

Training topic: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Specific topics to be covered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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