



DEMENTIA TRAINING REQUEST FORM

Name: _____ Position: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Organisation: _____

Please provide an outline of what you would like covered in this session:

Please nominate three preferred dates and times for this training. Whilst we cannot guarantee these preferences, we will accommodate them as best we can.

Date	Start time	Duration
1.		
2.		
3.		

The following equipment will be available for the trainer (please tick):

- | | |
|--|--|
| <input type="checkbox"/> Whiteboard | <input type="checkbox"/> Screen or light coloured blank wall |
| <input type="checkbox"/> Television & VCR | <input type="checkbox"/> Table for laptop and projector |
| <input type="checkbox"/> DVD player | <input type="checkbox"/> Training venue meets OHS&W requirements |
| <input type="checkbox"/> Tea/coffee/refreshment facilities | |

Training venue address: _____

Alzheimer's Australia SA has a conference room if required.

Estimated number of participants: _____ Estimated length of session (hours): _____

Any additional information: _____

Participants will be (please tick all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Care workers | <input type="checkbox"/> Community workers |
| <input type="checkbox"/> Enrolled Nurses | <input type="checkbox"/> General public |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Family carers |
| <input type="checkbox"/> Registered Nurses | <input type="checkbox"/> Ancillary workers |
| <input type="checkbox"/> Coordinators/managers | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Allied health professionals (specify) _____ | |

Please return this form by fax to Tammy on 8338 3390

A confirmation of your booking will be emailed to you

Alzheimer's Australia SA is proud to be able to offer training and education to meet your needs, made available through funding agreements with the Australian and South Australian Governments.

Internal use only	
Booking taken by: _____	Date booked: _____
Date confirmed: _____	Request No.: _____