

Please note that depending on the training needs, we usually are unable to accommodate training requests that are only 1 or 2 hours. Please also allow 4-6 month lead time to accommodate your request.

Date of Request:

Has your training request been confirmed by your service's training coordinator/manager? (please tick): **Yes** **No**

1. DETAILS

Name of Requester:

Job role:

Organisation/Service:

Organisation Address:

State:

Email:

Mobile:

Client/Consumer age group:

Is your service a Victorian Local or Area Mental Health & Wellbeing Service? (please tick): **Yes** **No**

Please note there may be a fee for the delivery of training, if you are not a Victorian Local or Area Mental Health & Wellbeing Service

What is your main mode of service delivery? (please tick all that apply):

In Person

Video conferencing

Telephone

**Web-based (e.g. online forums/
chats, online counselling?)**

2. TRAINING REQUIREMENTS:

What prompted your organisation/service to request the training?

What are your training requirements? I.e. is there a particular topic? (Please provide detailed information of your learning needs as much as possible):

Are there specific questions/issues that you would like the training to address?

What are the disciplines of your staff requiring the training? (E.g., Social workers, psychologists, occupational therapists, psychiatrists, support workers etc.):

Have your staff had any previous training or experience with working with people living with BPD?
(Please tick all that apply):

Basic

Intermediate

Advanced

Various

3. TRAINING DELIVERY DETAILS: Preferred

mode of delivery:

Online

Face to face

Don't mind

Preferred duration of the training:

Preferred day of the week:

Preferred time of year:

Location of training (if face to face):

Likely number of participants (minimum of 20):

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