**Date of request:**

**Has your training request been confirmed by your training coordinator/manager:**

### 1. Details

**Name of requester:**

**Job role:**

**Organisation/service:**

**Organisation address:**

**State:**

**Email:**

**Mobile:**

**Client/Consumer age group:**

**Is your service a VIC Local or Area Mental Health & Wellbeing (AMH&WB) Service?** Yes No

*Please note there may be a fee for the delivery of training if you are not a VIC Local or AMH&WB Service*

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

In person Video conferencing Telephone Web-based

### 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 as much information of your learning needs as possible.

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

**What are the disciplines of your staff attending the training?** (E.g. social workers, psychologists, occupational therapists, support workers etc.)

**Have your staff completed any previous training or have experience working with people living with BPD?**

Basic Intermediate Advanced Various

### 3. Preferred training delivery details

**Mode of delivery:** Online Face to face Don’t mind

**Duration:**

**Day of the week:**

**Time of year:**

**Location (if face to face):**

**Likely number of participants (minimum 20):**