

Communities@Work

CENTRE OF PROFESSIONAL LEARNING & EDUCATION

Customised Training Request Form - *Your Team, Your Place, Your Choice*

This request form is for customised training only.

Please complete the request form and return to Communities@Work's Centre of Professional Learning and Education (RTO ID 8818). Following receipt of your request you will receive a follow up email to discuss your customised training needs.

Service name			
Address			
Suburb	State	Postcode	
Phone number	Mobile number		
Email			

Service Type (please tick)

LDC	OSHC	FDC/IHC
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Proposed details

Proposed dates	Proposed times
Preferred location	
Target audience	Approx. number of participants

Proposed training session:

Description/area of need (Why is the learning program required, skills and knowledge to be gained).

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Are there any additional requirements or special considerations the training facilitator needs to be aware of?

Please return this form to
Centre of Professional Learning and Education
via email: cple@commsatwork.org
Alternatively you could also submit this form by post to
PO Box 1066, Tuggeranong, ACT, 2901.
Feel free to contact us with any questions
Ph: 6293 6220

Date CPLE received		Email confirmation sent to contact person	
Assigned trainer/s			
Date/s of session		Time	
Base fee		Development fee	
Mentoring/ coaching fee		Additional trainer fee	
Quote total		Quote emailed to contact person	
Comments			
Office Use Only			