



External Training Request Form

ASSOCIATION FOR SERVICES TO TORTURE & TRAUMA SURVIVORS

Name: _____

Organisation: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

Venue: _____

Proposed Date/s: _____ Time/s: _____

Length: Half Day Full Day Number of Attendees: _____

Workshop	Standard packages (see table 1 for pricing)	Please tick
Full Day	Facilitating Groups with People from Refugee Backgrounds	<input type="checkbox"/>
Full Day	What is cultural competency?	<input type="checkbox"/>
Full Day	Clinical and community interventions in early childhood with families from refugee and asylum-seeking background	<input type="checkbox"/>
Full Day	Challenges of working clinically with Domestic Violence when the Perpetrator is also a Torture and Trauma Survivor	<input type="checkbox"/>
Half Day	Working with Interpreters	<input type="checkbox"/>
Half Day	Incidental Counsellor: Responding to trauma behaviours	<input type="checkbox"/>
Full Day	Working with Refugee and Asylum Seeker Youth	<input type="checkbox"/>
Full Day	Tailored (see table 2 for pricing)	<input type="checkbox"/>

More Information: _____

To effectively deliver your training workshop we require the supply of the following;

(please tick)

- | | | |
|------------------------|------------------------------|-----------------------------|
| Laptop and speakers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Projector and screen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Whiteboard and markers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please inform us 14 days in advance if these items are not available.

Training in the Workplace

Agency Training Needs

ASeTTS aims to provide a training workshop that meets the needs of your organisation. It is important that you provide the below information about your organisation's needs and what you expect from ASeTTS. Please fill out this questionnaire for your organisation. You will also need to fill out the "Training Request Form" and send both forms together at the time of your training request to ASeTTS.

Please return the form by email to ASeTTS Training at training@asetts.org.au or please call (08) 9227 2700 if you have any questions.

Organisation Name	
Participants' client group <i>(if applicable e.g. gender, age, nationality, project)</i>	
Target Audience <i>Participant experience & qualifications in brief e.g. reception, intake/assessments, welfare, admin, advocacy, casework, counselling, social work</i>	
How long have participants worker with asylum seekers and/or refugees?	
Key responsibilities of participants' roles	
Issues participants find most confronting/challenging working with their clients	
Previous related training, if any	
Desired outcome from this ASeTTS training	

Additional Information <i>Any other comments/input for the ASeTTS facilitator</i>	