**Training Request Form**

**ASSOCIATION FOR SERVICES TO TORTURE & TRAUMA SURVIVORS**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Date/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time/s:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length: Half Day** [ ]  **Full Day** [ ]  **Number of Attendees:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Standard packages**  **Please tick**

Trauma informed care in the context of refugee children [ ]

What is cultural competency? [ ]

Understanding the refugee and asylum seeker experience [ ]

Suicide risk in refugee and asylum seekers [ ]

Working with Interpreters [ ]

Incidental Counsellor: Responding to trauma behaviours [ ]

Working with Refugee and Asylum Seeker Youth [ ]

Managing compassion fatigue [ ]

Healthy relationships: understanding family and domestic violence within refugee communities [ ]

**Tailored**  [ ]

**More Information:** ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***(please tick)***

Laptop and speakers [ ]  Yes [ ]  No

Projector and screen [ ]  Yes [ ]  No

Whiteboard and markers [ ]  Yes [ ]  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 training@asetts.org.au and we will respond to your email and provide you with a quote. Please call (08) 9227 2700 if you have any questions.

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| --- | --- |
| **Organisation Name** |  |
| **Participants’ client group***(if applicable e.g. gender, age, nationality, project)* |  |
| **Target Audience***Participant experience & qualifications in brief e.g. reception, intake/assessments, welfare, admin, advocacy, casework, counselling, social work* |  |
| **How long have participants worked 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***Any other comments/input for the ASeTTS facilitator* |  |