HOPE TRAINING AND EDUCATION REQUEST FORM

Please complete this form to request or enquire about training and education for your service, group or organisation. A Hope Staff member will then make contact with you to discuss your requirements in more detail.

|  |  |
| --- | --- |
| Date: | Either drop down calendar or auto populate with current date |

**PERSON MAKING REQUEST**

|  |  |
| --- | --- |
| Name Of Key Contact: |  |
| Organisation Name: |  |
|  | DDB – Hospital; Health Service; Community Service or Club; Police; Funeral Provider; Education provider; Other (please specify) |
| Email: |  |
| Telephone: |  |
| Address: |  |

**DETAILS OF REQUEST**

|  |  |
| --- | --- |
| Tell us a bit about the type of training you would like: |  |
| Key Area: | DDB: General Grief and Bereavement; Bereavement surrounding death of a baby or child; Bereavement after suicide; Talking Safely about suicide; Supporting my bereaved client; Supporting children and young people after a sudden death; Other |
| Tell us a bit about the people who the training is for: (are they young people, adults; professionals) |  |
| Where would you like to hold the training? | DDB: We have our own space; we would like you to arrange a space |
| How many people are you hoping will attend this training: |  |
| Is there any other information you would like us to know? |  |