

Skills 2 Talk Speech Pathology

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Workshop Request Form

To ensure our training meets the needs of your organisation, we would like to find out some information from you.

Name of Contact Person	
Role & Organisation	
Phone Number	
Email Address	
Tell us about your organisation	
What area or topic of workshop were you interested in?	
Where will the workshop be held (please identify if you require us to find a venue)	
How many people will be attending workshop?	
Will staff attendance be mandatory or voluntary?	
What were you hoping staff would learn from the training?	
Any preferred dates, days or times for the training to take place?	
Any other information you feel we should know?	