

# Family Support Specifically Tailored Training Request

## Organisation/Group Details

Name of Organisation:	
Services provided by your Organisation:	
Profile of Target Group:	
Address:	
Phone No:	
Email:	
Contact Person:	

## Training Request Information

Target Group/audience:	
Size of group:	
Details of training requirements:	
Desired learning outcomes:	
Any specific learning requirements:	
When would you like this training to take place: (please specify date)	
Venue for training:	
Completed by:	Name: Position in Organisation: Date completed:
Any Other Comment/Info	

Please return booking form to:

Training. WRDTF, Unit 6, Galway Technology Park, Parkmore, Galway or email: [Training@wrdtf.ie](mailto:Training@wrdtf.ie)