

Training Request Form

Enhancing Good Governance Workshop

2 hours duration

Service Name

Address

Name and Contact Details

CEO

Name

Phone (Office)

Mobile

Email

Chairperson

Name

Phone (Office)

Mobile

Email

When would you prefer the workshop to be held *(please indicate)*;

- June - December 2008 January - June 2009 July - December 2009 January - June 2010

What time would best suit?

- Morning Afternoon Evening Weekend

Would you consider group training or training with another organisation?

- Yes No

Would you like to request specific dates?

Please return the form to DISTSS via **email** to bev.schutt@distss.org.au or

fax 8686 5625 or

mail Bev Schutt

C/o DISTSS

Suite 902, 530 Little Collins St. Melbourne 3000