

# Self Directed Approaches for People with a Disability Workshop

(2hrs duration)

## Training Request Form

Service Name	
Address	
	Postcode

### Name & Contact Details

CEO	
Name:	
Tel: (office)	
Mobile:	
Email:	

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

<input type="checkbox"/>	October – December 2009
<input type="checkbox"/>	January – June 2010
<input type="checkbox"/>	July – December 2010

What times would best suit?

<input type="checkbox"/>	Morning
<input type="checkbox"/>	Afternoon
<input type="checkbox"/>	Evening
<input type="checkbox"/>	Weekend

Do you have any specific dates you would like to request?


Please email completed form to [bev.schutt@field.org.au](mailto:bev.schutt@field.org.au) OR fax: 8686 5625.

Or mail to: Bev Schutt, **field**, Suite 902, 530 Little Collins Street, Melbourne 3000