

DIABETES WA SCHOOL CAMP TRAINING REQUEST



- **SCHOOL**
- **SCHOOL ADDRESS**

- **CONTACT NAME:**
- **CONTACT POSITION**
- **CONTACT EMAIL**
- **CONTACT NUMBER**
- **DIRECTIONS FOR EDUCATOR**
Where to go for session
- **PARKING INSTRUCTIONS**
- **PREFERRED TIME & DATE OF TRAINING**
Please allow two hours for camp training
- **SECOND OPTION, TIME & DATE OF TRAINING**
- **DATE OF SCHOOL CAMP**
- **TOPICS REQUIRED**
- **NUMBER & AGE OF AFFECTED STUDENTS**
- **IS THE FOLLOWING EQUIPMENT AVAILABLE?**
- **HOW MANY PEOPLE WILL BE IN ATTENDANCE?**
- **DO YOU HAVE ANY FURTHER QUESTIONS OR REQUESTS?**

Student(s) using PEN
Student(s) using PUMP
Student (s) using PEN & PUMP

Student(s) using PEN
Student(s) using PUMP
Student (s) using PEN & PUMP

Smartboard Whiteboard
Projector Laptop
Video Conference (regional/remote schools)



FS 668607

Please return completed form to training@diabeteswa.com.au at your earliest convenience