

DWA School Training Request Requirements

- **SCHOOL:**
- **SCHOOL ADDRESS:**
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- **CONTACT NAME:**
- **CONTACT POSITION:**
- **CONTACT EMAIL:**
- **CONTACT NUMBER:**
- **APPROXIMATE TRAVEL TIME:**
From Diabetes WA Subiaco to location of training
- **DIRECTIONS FOR EDUCATOR**
Where to go for session
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- **PARKING INSTRUCTIONS**
- **PREFERRED TIME & DATE OF TRAINING:**
- **SECOND OPTION, TIME & DATE OF TRAINING:**
- **TOPICS REQUIRED:** Student(s) using PEN
 Student(s) using PUMP
 Student (s) using PEN & PUMP
- **NUMBER & AGE OF AFFECTED STUDENTS:** Student(s) using PEN
 Student(s) using PUMP
 Student (s) using PEN & PUMP
- **IS THE FOLLOWING EQUIPMENT AVAILABLE?** Smartboard Whiteboard
 Projector Laptop
 Video Conference (regional/remote schools)
- **HOW MANY PEOPLE WILL BE IN ATTENDANCE?**
- **DO YOU HAVE ANY FURTHER QUESTIONS OR REQUESTS?**
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