

DIABETES WA SCHOOL 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
- SECOND OPTION, TIME & DATE OF TRAINING
- 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)



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



FS 668607