

DIABETES WA COMMUNITY & HYPO MANAGEMENT BOOKING FORM



• **ORGANISATION:**

• **NAME:**

• **POSITION:**

• **CONTACT NUMBER:**

• **EMAIL:**

• **ADDRESS:**

• **PREFERRED TIME & DATE OF EDUCATION:**

• **2nd OPTION TIME & DATE OF EDUCATION:**

• **HOW MANY PEOPLE WILL BE IN ATTENDANCE**

• **IS THE FOLLOWING EQUIPMENT AVAILABLE?**

- Whiteboard Projector Laptop

• **TARGET AUDIENCE- PLEASE SELECT FROM THE FOLLOWING:**

- Support Workers Management Staff Catering Staff
 General Public General Staff Teachers
 Education Assistants Community Group Multicultural Group
 Other:

• **HOW WOULD YOU DESCRIBE YOUR ORGANISATION?**

- Aged Care Facility Government Workplace Private Corporation
 Disability Services Organisation Community Support Organisation School
 Child Care Centre Other:

• **DO YOU HAVE ANY FURTHER REQUESTS OR ADDITIONAL INFORMATION TO ASSIST US?**

• **CONTACT ON EVENT DAY**

• **ADDRESS OF EVENT (if different)**

• **DIRECTIONS FOR EDUCATOR**

Where to go for session & Meeting point

• **PARKING INSTRUCTIONS:**

• **APPROXIMATE TRAVEL TIME:**

From Diabetes WA Subiaco to location of training



Please return completed form to training@diabeteswa.com.au at least one week prior to requested date



FS 668607