

Diabetes WA Aged & Community Care Workers Training Request



Please complete & return to Diabetes WA as soon as possible

Organisation:

Contact Name:

Position:

Contact Number:

Email:

Address:

Preferred time and date of training:

2nd option time and date of training:

How many people will be in attendance?

Type of Session Required:

2 hour Carer's Talk 1 hour Hypo Talk Other

Is the following equipment available?

Whiteboard Projector Laptop

How would you describe your facility?

Residential Aged Care Facility Disability Services Organisation
 Independent Living Aged Care Other

Type of professional attending training

Registered Nurse Enrolled Nurse
 Support Worker Aboriginal Health Worker

Contact on training day:

Address of training (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 email form to training@diabeteswa.com.au

