



Request for Education/Training

All departments/committees requesting training should complete this form at least **six** weeks prior to the date of service. All information must be provided before your request can be confirmed.

1. Contact Information:

Name: _____ Position: _____

Phone: _____ Email: _____

Department: _____ Location: _____

2. Description of education requested (e.g. Pain Control; Grief & Bereavement; Communication Skills; Advanced Health Care Directives; General Information, etc.)

3. Anticipated Learning Outcomes – What do you expect people to learn in this training?

4. Audience: _____

5. Number of employees expected: _____

6. What is the best time for this group to attend training: AM _____ PM _____

7. When would you like to have this training? Please provide three possible dates:

i) _____ ii) _____ iii) _____

7. Please indicate the location where you would like this training to occur: _____

8. Additional Comments:

**Please forward completed form to
Regional Palliative/End of Life Care Program**

c/o NDBMHC ♦ Twillingate, NL ♦ T: (709) 884-4268 ♦ F: (709) 884-4274 or april.anstey@centralhealth.nl.ca

For Office Use Only

Date Received: _____ Team Member: _____ Date File Closed: _____

****Please attach all related correspondence****