



## **2021 WFD Training Request Form**

**Date of Request:** .....

### **1. Your details:**

Name of Requestor: .....

Job role: .....

Organisation: .....

Email: .....

Phone: .....

Are you working in a public mental health service: Yes / No

If Yes what is the name of your AMHS: .....

**2. Type of Training:** I would like to request that the Spectrum Workforce Development Team deliver the following training for us:

- Brief description of the training required and the learning outcomes :

.....  
.....  
.....

- Preferred mode of delivery: .....

- Requested duration of the training: ..... Hours; ..... Days

- Preferred time of days: .....

- Preferred day of the week: .....

- Preferred time of year: .....

- Number of participants: .....

- Disciplines: .....

- Previous training about BPD: .....

*Please note that there may be a fee for the delivery of some Spectrum training.*

