***FAMSA PE TRAINING REQUEST FORM***

**Date of request**: …………………………………

**1. Contact Information of person(s) requesting training:**

*Name & Surname:*

………………………………………………………………………………………………………………………………………………………….

*Organisation/ Company/ NGO/ GOV/Individual:*

*……………………………………………………………………………………………………………………………………………………………*

*Occupation/Status:*

*…………………………………………………………………………………………………………………………………………………………….*

*Requester’s email or contact no:*

*……………………………………………………………………………………………………………………………………………………………*

**2. Information of training/ course needed:**

*Name of the course/ training:*

*…………………………………………………………………………………………………………………………………………………………….*

*How many people need training:*

*…………………………………………………………………………………………………………………………………………………………….*

*Who are they? (Gender, language, race etc.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Surname | Occupation (role in organisation) | Language | Gender | Race |
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*Any special needs?*

*……………………………………………………………………………………………………………………………………………………………*

**4. Brief background of your training needs (why this particular training and how is it going to assist in your service delivery, etc.):**

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**5. Recommended date for training to take place (please supply us with 2 possible dates):**

*………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………….*

Please complete the form and return to:

***Fax: (041) 585 7015 or email:*** [***info@famsape.co.za***](mailto:info@famsape.co.za)

*Kind regards*

*Zama Boto*

*Training coordinator*

*Tel: (041)585 9393*