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| **Request for SAOR© 1 Day Training Z:\Ruth Armstrong\Microsite\Documents\SaorLogo.jpg**  |
| ***Thank you for your interest in running a 1 Day SAOR: Screening and Brief Intervention for Problem Alcohol and Substance Use. Please complete the details below and return***  |
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| **Name of Organisation:** |  |
| **Address:** |  |
| **Phone No:**  |  |
| **Email:** |  |
| **Contact Person:** |  |
| **Training Request Information** |
| **Participants/audience:****(Staff/volunteers etc.)** |  |
| **Size of group: (max 18)** |  |
| **Preferred dates for training to take place:**  |  |
| **Address of training venue**  |  |
| **Location of training room** |  |
| **What do you hope to achieve by running this course?** |  |
| **Training requirements:** **Are you in a position to provide the following in your venue/service?****Please tick** | * Room that is 30' X 30' minimum.
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| * Table at the top for equipment that is 3' X 4' minimum.
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| * Screen or light coloured wall to project on to.
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| * U-shape of chairs (max 18).
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| * Power outlets and extension leads at top table.
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| * Tea/coffee on site.
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| * Lunch on site if possible (or options locally for participants at their own expense)
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|  | * Parking for trainers onsite/nearby
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| **The trainer(s) will** | * Provide you with information on the training course
* Participant Packs – these will be emailed to you to circulate to participants in advance of the training
* Sign In Sheet
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| **Completed by:**  | **Name:** **Position in Organisation:** **Date completed:**  |
| **Any Other Comment/Info** |  |
| **Please return booking form to:**socialinclusion@hse.ie or post to National Social Inclusion Office, Stewart's Hospital,Mill Lane,Palmerstown,Dublin 20,D20 HY57 |