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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*** | | |
|  | | |
| **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. |  |
| * Table at the top for equipment that is 3' X 4' minimum. |  |
| * Screen or light coloured wall to project on to. |  |
| * U-shape of chairs (max 18). |  |
| * Power outlets and extension leads at top table. |  |
| * Tea/coffee on site. |  |
| * Lunch on site if possible (or options locally for participants at their own expense) |  |
|  | * Parking for trainers onsite/nearby |  |
| **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 | |
| **Completed by:** | **Name:**  **Position in Organisation:**  **Date completed:** | |
| **Any Other Comment/Info** |  | |
| **Please return booking form to:**  [socialinclusion@hse.ie](mailto:socialinclusion@hse.ie) or post to National Social Inclusion Office, Stewart's Hospital,Mill Lane,Palmerstown,Dublin 20,D20 HY57 | | |