|  |
| --- |
|  **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 |