**Request for Trainers**

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| **County requesting Trainer** |  | |
| **Purpose of the training** (i.e. county day / sectional training / new leaders day etc) |  | |
| **Outcome of the training** (what does the County want to see change in their units as a result of leaders coming?) |  | |
| **Date & timings for the day** (including access time to venue) |  | |
| **Venue address** |  | |
| **Description of training venue / space available**. |  | |
| **Contact name** |  | |
| **Contact telephone number** |  | |
| **Contact e-mail address** |  | |
| **Facilities available for trainers**:   * Parking * Public transport links: * Refreshments (breakfast / lunch / afternoon) | | * Wifi * Projector * IT support * Creche |
| **Session(s) required** (include overall aim of the session, timing of session, type of participants): | | |
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| **Reply by date:** |  | |