

Alberta Workers' Health Centre

Education Request Form

The following information will help us to plan and deliver the best education program that we can.

We will work through these answers with you.

Contact Person: _____

Organization: _____

Address: _____

Phone: _____ **email:** _____

Preferred Date of Event/Activity: 1st choice: _____

2nd choice: _____

3rd choice: _____

Location of Event: _____

Educational Goals/Course Description: Examples such as Hazard Identification and Control, Duty to Accommodate, Health and Safety Legislation, Ergonomics etc. Be as specific as you can about what you want and why. It helps us to plan. We will discuss this on the phone or in person.

Is this part of a larger event/activity? (conference/ school etc.) Describe the event or activity.

Approximate schedule of the day/days: start time lunch break end time

Is lunch/snack/beverage provided?

Why are you wanting this education now?

Classroom/meeting room to be used: (rough size, windows? Etc.)

Is the Education you are requesting part of an overall plan that includes other education? Please describe the overall plan.

Number of Participants Expected: If not sure just give us a reasonable estimate. This allows us to prepare materials and to prepare appropriate classroom exercises.

Maximum and minimum numbers of participants: min. _____ max. _____

What types of jobs are done by participants: (just list them please)

You may be asked to provide a list of the names of participants 2 weeks prior to the scheduled date. This will be used as a 'cut-off' date to prevent last minute cancellations.

'Cut-off' date: _____

Value of Education Services Provided:

Participant Materials/handouts:

Course Preparation:

Facilitation:

Travel and Accommodation:

Other:

Financial arrangements as agreed upon.

Deposit (if any) required as agreed upon. _____

Agreed Upon by (Signed):

_____ **Date:** _____

Agreed Upon by

the Alberta Workers' Health Centre (signed)

_____ **Date:** _____