|  |
| --- |
| **Name:** |
| **Company/Organisation:** |
| **Telephone:** | **Email:** |
| **Address:** | **Invoice Address:**(If different) |
| **Type of Training Required:**(e.g., Mental Health First Aid, ASIST, Workshops) |
| **Preferred Dates:**(Or range of dates) |
| **Number of Participants:** |
| **In what capacity are you attending this training?**(e.g., personal individual, carer, volunteer, student, as part of your professional role) |
| **Physical Classroom:**[ ] (If ASIST training, two rooms are required) | **Digital Classroom:**[ ] (Zoom) |
| **Are the following available at the venue?**(Please check as appropriate)[ ]  Parking [ ]  Early Access for Trainer [ ]  Projector & Screen [ ]  Drinking Water Facilities |
| **For Healthy Cornwall Use:** [ ] Accepted [ ]  Rejected |



**Healthy Cornwall Training Request Form**

**Please email the completed training request form to:** healthy.cornwall@cornwall.gov.uk