

Refugee Health Training & Technical Assistance Request

Date requested _____ Request completed by _____

Facility Name & Address _____

Contact Person _____ Position _____

Phone _____ Fax _____ Other _____

Email _____

Type of Facility _____

Describe class requested	Number of participants	GNA requested?
Describe audience	Time begin	Time end
List 3 possible dates	Lunch details	Breaks
Describe class location	Style Capacity Tables Other:	Screen TV/VCR LCD SHARPPS Needles

Specific needs identified or requested to be addressed _____

Additional Comments:

Date scheduled _____ Instructor _____

Location confirmed _____