

# Training at your place

## Training request form

# Shelter

### Contact details

PLEASE PHOTOCOPY

Contact name \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

### Course required

Please provide details below of the in-house training you require

Course programme required \_\_\_\_\_

Timescale/preferred dates for training \_\_\_\_\_

Do you require the standard Shelter course programme? (Please delete)  
YES / NO

Do you require a tailored course programme to meet your organisation's specific aims and objectives? YES / NO  
(Please detail full aims and objectives below)

Please list your main aims and objectives for the training:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Please provide details of the delegates' level of knowledge and their job titles:

\_\_\_\_\_

\_\_\_\_\_

Please return form

**By post to:** In-house Training Co-ordinator, Shelter Training, Unit 13, City Forum,  
250 City Road, London EC1V 2PU **By fax to:** 0844 515 2907

**By email to:** [inhousetraining@shelter.org.uk](mailto:inhousetraining@shelter.org.uk)

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