



Remote Alcohol & Other Drugs Workforce Request for Education Form

Name		Date	
Organisation			
Address			
e-mail		Phone	
Background: Aim of workshop/session.			
Content: What do you want covered?			
Target Audience: Age group, gender, culture, language group, education level.			
Date Of Delivery:		Time	
Venue		Length	
Number of Participants		Age group	
Special Requirements of Participants			
Interpreter required	No / Yes - Language:		
Available learning resources at venue - Please circle availability			
Data Projector	Television and DVD	Projector screen	
Overhead Projector	Whiteboard	Other (please identify)	
Outcome / Action: (office use only)			

Please complete this form and return to Remote AOD Workforce Program:

E-mail: tony.hand@nt.gov.au or jessica.thompson@nt.gov.au

Website: www.remoteaod.com.au

Fax: (08) 8942 6496

Your request for education will be considered.
You will be contacted by the relevant person within the next 14 days.