

# REQUEST FORM

## IN-HOUSE TRAINING BY STARTTS



NSW Service for the Treatment  
and Rehabilitation of Torture  
and Trauma Survivors

Email to: [stts-training@health.nsw.gov.au](mailto:stts-training@health.nsw.gov.au)

Enquiries: (02) 9646 6700

Note – Please fill out this form electronically, save it and email it to STARTTS

### Training Request Confirmation Details (STARTTS will enter this information)

Ref #:	Date:	Time:	Fee:
Trainer allocated:			
Trainer mobile:		Trainer email:	
Name of training:			
Brief outline of training:			
Training team member managing request:			

### Requesting Organisation - Please fill out the information on the following two pages

Date of request:	
Name of organisation:	
Contact person name:	
Contact phone:	Contact email:
Length of training: <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> Other:	
<b>Type of training (please select below)</b>	
<input type="checkbox"/> STARTTS' services <input type="checkbox"/> Cultural competence <input type="checkbox"/> Working with people from refugee backgrounds <ul style="list-style-type: none"> <li><input type="checkbox"/> Children and adolescents</li> <li><input type="checkbox"/> Students in schools</li> <li><input type="checkbox"/> Early childhood</li> <li><input type="checkbox"/> Families</li> <li><input type="checkbox"/> Asylum seekers</li> <li><input type="checkbox"/> Ageing</li> </ul>	<input type="checkbox"/> Assessment and treatment – torture and refugee trauma <input type="checkbox"/> Biofeedback <input type="checkbox"/> Case study discussion <input type="checkbox"/> Accidental counselling <input type="checkbox"/> Community development <input type="checkbox"/> Group facilitation <input type="checkbox"/> Other
Number of participants:	
Job titles/backgrounds of participants:	
<b>Preferred training dates and times (please give several options below)</b>	
Option 1 – Date and time:	
Option 2 – Date and time:	
Option 3 – Date and time:	
Training venue address:	
Parking instructions:	

Contact person on the day – name:
Contact person on the day – mobile number:
Equipment you can supply: <input type="checkbox"/> Laptop and speakers <input type="checkbox"/> Data projector <input type="checkbox"/> Whiteboard

<b>Requesting Organisation - Your training needs</b>
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Experience and qualifications in brief of the participants e.g. reception, intake / assessments, welfare, admin, client accompaniment, casework, counselling, social work	
Who are the clients of the participants (if applicable e.g. gender, age, nationality, project)	
How long have participants worked with people from refugee backgrounds?	
Key responsibilities of participants' roles	
Issues participants find most confronting or challenging working with people from refugee backgrounds	
Previous STARTTS training, if any	
Desired outcome from this STARTTS training	
Any other comments/ input for the STARTTS trainer	

<b>STARTTS office use</b> ( <i>STARTTS will enter this information</i> )
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Reporting category:	
Participant main category:	
Participant sub-category:	
Participant clientele group:	
Final duration:	Trainer prep/travel time: