Thank you for your interest in arranging mental health training for your workplace.

Please fill in this form to the best of your ability to assist us in arranging training for you. If you have not received accompanying information about our training courses, please request this from: [training@rethink.org](mailto:training@rethink.org)

**If you are looking for an initial discussion only to begin with and would prefer to leave detailed discussion of logistics until later, you can just complete page one of this form and leave pages 2 and 3 for a later stage**

When you have completed the form, please return it to: [training@rethink.org](mailto:training@rethink.org)

If you are able to complete more of the information on this form, please feel free to send it to us with us much information as you currently have.

**Basic enquiry information**

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| This enquiry relates to training in:  Camden  Islington  A London Borough not covered by options above (please specify):  Outside of London / undefined / other (please specify):  Other (please specify): | |
| Name of person completing this form |  |
| Name of the organisation you work for |  |
| Your job role |  |
| Your email address |  |
| Your phone number(s) |  |
| The postal address of your main workbase |  |
| The postal address(es) of the location(s) where the training would be taking place (if different from your main workbase) |  |
| Nature of the work of your organisation |  |
| Have you seen information regarding the courses and their objectives in a separate attachment? (if not, please request this from [training@rethink.org](mailto:training@rethink.org) before completing the rest of this form) | Yes I have seen the information |
| Have you had any previous contact with any Rethink member of staff in relation to this training request or training we have delivered for you previously? If so who was this, when (approximately) and in what context? |  |
| What training course(s) are you interested in arranging or discussing? |  |
| How many people are you looking to train? |  |
| How many training courses are you hoping to arrange? |  |
| Do you have particular fixed desired dates or timeframes for delivery? |  |

**Detailed logistical information (optional for initial enquiries)**

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| Do you have a suitable training room to accommodate the training participants?  (Our preferred room setup is for (Adult or Youth) Mental Health First Aid to be set up in a horseshoe shape around the slides and for all other courses to be set up with participants evenly distributed across four tables, although this is not essential) | Yes we have suitable room  No we do not have a suitable training room  Any comments: |
| What is the postal address of the location where the training would take place? |  |
| We will normally send course materials in advance of the delivery date by courier. Please confirm who they should be addressed to. Will this be to yourself at the address where the training is taking place? | Yes, addressed to myself at the same address as where the training will be taking place  No, addressed to: |
| Projector |  |
| Does the training room have a projector and screen in? If not, will there be somewhere we can project slides if we bring our own projector? | Yes we have a projector and screen  No you will need to bring a projector  No there is nowhere to project slides even if you bring a projector |
| If there will be a projector, will the trainer be able to bring their own laptop and connect it to the projector? If not, will there be a computer connected to the projector in advance which will be connected to the internet and will accept an external USB stick with slides on? | You can connect an external laptop to our projector  We will have a computer connected to the projector which will accept an external USB stick with slides on  Any comments relating to the projector: |
| Will there be a flip chart with paper and pens in the training room? | Yes  No  Any comments: |
| Will there be wifi the trainers can connect to? | Yes  No  Any comments: |
| Is there parking available? (this is very rarely essential) | Yes  No  Any comments: |
| Can you please confirm if you will provide tea, coffee and water to participants? We need to ensure participants have access to basic refreshments | Yes  No  Any comments: |
| Can you please confirm that you have appropriate insurance, fire and first aid facilities, including a first aider who will available on the day and responsible for any first aid incidents? | Yes  No  Any comments: |
| Can you please confirm if there is any risk assessments, health & safety risks, or any other information we would need in order to deliver the training safely for all participants and trainers? | Yes  No  Any comments: |
| From what time will the trainers be able to get access to the training room? Full day courses normally start at 9:45am, and 2 day Mental Health First Aid courses start at 9:00am. We prefer to have a minimum of 45mins to set up. |  |
| Can you please confirm if you will personally attend or be in the building on the day of the training? If not could you please provide an alternative key contact who will be present on the day for the trainers to make contact with. | Yes  No. Please make contact with:  Any comments: |
| Do participants have any particular medical, access or learning needs we should be aware of? If you become aware of any before the day, please let us know. | Yes  No  Any comments: |
| Do you have any further information or questions? |  |

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| **Notes (Internal Use Only)** | | |
| Date | Initials | Comments | |
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