# Professional Learning request form

Please complete this form with details of your Professional Learning event request. Once completed, please send to your Team Leader for approval. All requests will be assessed and a response emailed to the organiser.

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| Name of event (max 60 characters) |  |
|  | |
| Department |  |
| Organisers name |  |
| Date of Professional Learning |  |
| Time of Professional Learning |  |
| Venue name and address |  |
| Presenter/Facilitator |  |
| Expected number of attendees |  |
| Cost per person |  |
| Is catering required? |  |
| Target Audience |  |
| Focus (max 1000 characters) |  |
| Image  (optional) |  |
|  |  |
| Please send this form to your Team Leader for approval | |
| Team Leader |  |
| Date |  |