# Professional Learning Event Request Form

Please complete this form with all necessary details of your Professional Learning Event Request. Once completed, please submit the form to your Team Leader for approval. All requests will be reviewed, and the organizer will receive a response via email.

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| Name of the Event (max 60 characters) |  |

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| --- | --- |
| To be advertised on Trybooking? | Yes / No |
| Link to the Event | Please leave it blank |

|  |  |
| --- | --- |
| Department |  |
| Organisers name |  |
| Date of the Event |  |
| Time of the Event |  |
| Registration closing date |  |
| Format: Face-to-Face or Online |  |
| Venue name and address |  |
| Presenter/Facilitator |  |
| Expected number of attendees |  |
| Cost per person |  |
| Is catering required? |  |
| Target Audience/Focus (max 1000 characters) |  |
|  |  |
| Please send this form to your Team Leader for approval | |
| Team Leader |  |
| Date |  |