

# Khululeka

## Request for Training Course

**To be filled in by the Organisation**

Name of Organisation /Project:		
Physical Address:		
Telephone:	Fax:	Cell:
Postal Address:		
Character of Organisation:    Govt Org.    NPO    NGO    CBO    FBO		
Area of work:		
Target groups:		
Reason for interest in Khululeka's training:		
<p>Please specify type of training:</p> <p><input type="radio"/> Option 1: Four full days plus one refresher day three months later: (for persons requiring support group skills plus bereavement training)</p> <p><input type="radio"/> Option 2: Two full days (for persons requiring bereavement training only)</p> <p><input type="radio"/> Option 3: Two full days (for persons requiring skills to set up support groups)</p>		
<b>Contact person with Khululeka:</b>		Tel No:
Which month/days suit you best to have the training:		
Number of participants:	How many women:	How many men:
Can your training facilities be used?		
Is catering provided?		
Does your organization have a training budget?		
Any questions or comment:		

**To be filled in by Khululeka**

Dates of contacts with organisation:	
Final date of training:	
Date of paying deposit:	<b>Date of final payment:</b>
Contact person:	Tel No:
Any comment:	

More information on [www.Khululeka.org](http://www.Khululeka.org)

