**I-Recovery College Course Request Form**

A project supported by the European Union’s INTERREG VA Programme, Managed by the Special EU Programmes Body

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| --- | --- | --- | --- |
| Name of requesting organisation |  | | |
| Name of contact |  | | |
| Telephone |  | | |
| Email |  | | |
| iRecovery College point of contact if known |  | | |
| Details of request |  | | |
| Are you interested in co-production/co-facilitation |  | | |
| Specific needs of attendees |  | | |
| Proposed number of attendees |  | Proposed Venue |  |
| Proposed Date |  | Signature |  |

WiFi Available Whiteboard/Projector available Refreshments provided

***Internal use only***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Training request approved* | *Yes* | *No* | *Coordinator Signature* |  |
|  |  | *Date* |  |
| *Comments* |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates and times agreed* |  | *Venue agreed* |  |
| *Peer Educator to co-deliver* |  | *Professional to co-deliver* |  |