



Customised Professional Learning Request

The details you provide will assist us in providing the best possible support for your Education and Care Service.



This form is to collect information about the professional learning needs of your service. Please forward the completed form to CCC via fax or email and we will confirm professional support details with you. All fields must be completed for your request to be considered. Should you require assistance completing this form, please contact us on (03) 94863455

Today's Date: _____

Details of the service requesting customised professional learning and or support

Service Name: _____

Contact Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

Referring Organisation/Consultant (if applicable): _____

Who is in need of professional learning and or support?

Total number of Services/ Sites: _____ Total number of individuals: _____

Role in the service

- Ancillary Staff Educator
- (Qualified) Educator
- (Unqualified)
- Governance Body e.g. Committee
- Management/Coordination
- Team Leader
- Volunteer
- Other _____

Service type

- Family Day Care Service
- Integrated Family & Children's Service
- Long Day Care Service
- Multifunctional Aboriginal Service
- Occasional Care Service
- Outside School Hours Care Service
- Pre-School/Kindergarten Service
- Other _____

Professional learning or support type:

- NQF Consultancy Service
- Professional Support Site Visit
- 2hr Development Workshop
- 3hr Professional Learning Session
- Multi-session Learning Series
- Other _____

Learning Topic: _____

Please indicate your three preferred date(s) and time(s) for customised learning or support:

First preference	Date:	Time:
Second preference	Date:	Time:
Third preference	Date:	Time:

Please note that this is subject to CCC's availability to provide you with customised learning and support on the dates requested and will be negotiated upon receipt of this professional learning request form.

Describe the issue(s) or areas of practice for which your service requires customised professional learning or support:

Describe the changes in practice anticipated as a result of this customised professional learning or support:

Other comments about your request that will assist CCC in tailoring your professional learning and or support:

Venue

- Venue required **OR**
- Venue provided (*adult sized chairs and tables and white space for data projection will be a pre-requisite*)

Venue Address:

Facilities & Equipment

- Catering Required
- Laptop/Data projector required
- Other (please specify: _____)

Authorisation

Print Name: _____ Signature: _____

Not required if completed electronically and emailed from the email address stated on this form.

Office Use:

Professional support type	
Approved by:	Date:
Session title:	
Date of session:	Time:
Trainer allocated:	