# Workshop Request Form

**ORGANISATION**

Host Organisation Name:  
Street address:  
(not PO Box)  
Suburb:  
State:  
Postcode:  

**CONTACT PERSON**

Name  
Position  
Contact numbers  
Email  

**PROPOSED WORKSHOP**

<table>
<thead>
<tr>
<th>Day of the week</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Max. 3 in order of preference)</td>
<td></td>
<td></td>
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<tr>
<td>Times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Allow 7 hours, including breaks)</td>
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<tr>
<td>Location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Suburb or town)</td>
<td></td>
<td></td>
<td>Postcode:</td>
</tr>
</tbody>
</table>

**ESTIMATED ATTENDANCE**

<table>
<thead>
<tr>
<th>GPs:</th>
<th>Nurses:</th>
</tr>
</thead>
</table>

**Confirmation**

On confirmation of workshop date(s), formal notification will be sent to your organisation via email.  
Up to $1,800 is available to assist with the costs of hosting a workshop (subject to budget approval).  
Expenses will be reimbursed post-event on receipt of workshop report, tax invoice and statement of expenditure.

This organisation would like to host a Spirometry Training Course.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

Please return this form to:  
Katie Wawrzyniak, Project Officer  
Email: katie.wawrzyniak@nationalasthma.org.au  

Office use only  
Received:  
Logged:  

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Suite 104, 153-161 Park St, South Melbourne VIC 3205, Australia  
www.nationalasthma.org.au  
Supported by the Australian Government Department of Health