|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | |
| Booking Request Form | | | | | | | | | |
| Fields marked with an asterisk (\*) are required.  Fields marked with a caret (^) are for office use only. | | | | | | | | | |
| **Agency Information** | | | | | | | | | |
| **Organisation** \* | | |  | | | ABN\* |  | | |
| Section/Business Unit\* | | |  | | | | | | |
| Contact Officer\* | | |  | | | Phone\* |  | | |
| Email\* | | |  | | | Mobile |  | | |
| Billing address\* | | |  | | | | | | |
| WWIT Booking Information | | | | | | | | | |
| Type of training\* | | | General / Legal / Health | | | | | | |
| Delivery method\* | | | Face-to-Face / Audio-visual link (AVL) | | | | | | |
| Target participants\* (Eg: Legal Practitioner, clinicians) | | | | |  | | | | |
| Date required\* | |  | | **Duration**\* | 60 / 90 minutes | | | **Start time**\* |  |
| **Number of expected participants**\* | | | |  | **Training venue**\* | | | AIS Office / Your Office | |
| **Please provide office address**\* | | | |  | | | | | |
| **Equipment available at the venue**\*(Eg: Data projector and computer / Whiteboard) | | | |  | | | | | |
| **Other requirements** | | | |  | | | | | |
| Office use only^ | | | | | | | | | |
| **Date received**^ | | |  | | | **Database updated**^ | | | Yes / No |
| **Quote sent?** ^ | | | Yes / No | | | **If not, why?** ^ | | |  |
| Quote accepted?^ | | | Yes / No | | | Quote number^ | | |  |
| **Date invoice sent**^ | | |  | | | Invoice Number^ | | |  |
| **Trainer assigned**^ | | |  | | | Interpreter assigned^ | | |  |
| **Interpreter booking sent?**^ | | | Yes / No | | | Interpreter timesheet sent?^ | | | Yes / No |
| Further information Email your completed form to aistraining.cmc@nt.gov.au | | | | | | | | | |
| End of form | | | | | | | | | |

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