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| --- | --- |
|  | 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 informationEmail your completed form to aistraining.cmc@nt.gov.au |
| End of form |

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