

Date of Request:

Trans Care BCRequests for Education/Training

Please fill in the information below to support your education/training request. Requests are reviewed twice a month. If your request is of an urgent nature please indicate below. If we are unable to accommodate your request, we will aim to provide you with details of other individuals and organizations offering trainings/education in your region or resources that may be helpful.

Name of Requestor:

Organization Name:	Ad	dress:		
Contact Details: (Phone)		(Email)		
Is your organization : Public P	rivate			
Type of Request: Workshop P	resentation Tab	ole Other		
Description of Request:				
Is your request for a specific da	ate: No Yes (pl	ease indicate date)		Time:
Ideally where would the training	ng take place:			
Is it possible to do the training	session remotely	y? (Webinar)		
How much time would be alloc	ated for the edu	cation/training? (ie	. 2 hrs, 3hrs, 6 hr	s)
Anticipated number of particip	ants:			
Who do you expect will partici	pate?			
Senior Leadership Team RNs Mental Health staff	Management Other	Team Leader(s)	Physician(s)	Nurse Practitioner(s)



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Trans Care BC has developed a 60 minute foundational (introductory) online module, <u>Intro to Gender Diversity</u>, and requires that the course be completed by all participants prior to further education/training.

participants prior to further education/training.
Can you commit to ensuring that all participants complete the online module, price to your requested education/training?
Yes No
Please describe your desired impact/purpose in holding this education/training?
Additional Comments:

Email Request to: Trans.Edu@phsa.ca