## **High Five Training Request Form Steps**

This is form will allow you to specify Sonia Macaluso as your Trainer under the 'Training Session Information' final section (highlighted).



HIGH FIVE® Train	ing Request Form
This form should only be completed l	by an organization interested in hosting a HIGH FIVE training. An asterisk (*) indicates a mandatory field.
Workshop  STEPS: Type Selection	Host → Training → Training Materials → Training Session Organization → Information
Host Organization (The training	that is being coordinated by this organization)
* Last Name:	Smith
* First Name :	A
* Email:	123@google.com
* Phone:	9056661234
*Organization Name:	Unable to find Organization in this list
* New Organization Name:	ABC center
* Address:	ontario
*City:	Toronto
*Province/Territory/State:	Ontario
*Country:	Canada
*Postal/Zip Code:	L1A 2B0

LVDQ	lost — Training Location Training Materials Mailing Information Information
ing Location (The training ses	ssion is located at this site)
	Same as Host Organization
Organization Name:	Unable to find Organization in this list
New Organization Name:	ABC center
*Address:	Toronto
<sup>¢</sup> City:	Toronto
City.	
*Province/Territory/State:	Ontario

S:	Workshop Type Selection	$\rightarrow$	Host Organiza		$\rightarrow$	Training Location	<b>→</b> <sup>1</sup>	raining Mate Mailing Informatio	-	<b>—</b>	Training Session Information	
ing	Materials Ma	iling Info	mation	( Tra	ining Ma	aterials will be	mailed to					
ı	Name:											
I												
	Organization	1:										
	Organization ABC Center											
	ABC Center			:11		iif	4		ما دا ادان			
	ABC Center  Note: An addr		tion fee w	ill be ad	dded to	your invoice if	the mailin	g address prov	vided is ina	ccurate	or incomplete	2.
	ABC Center		ition fee w	ill be ad	dded to 1	your invoice if	the mailin	g address prov	vided is ina	ccurate	or incomplete	ē.
	ABC Center  Note: An addr  Street:		tion fee w	ill be ad	dded to	your invoice if	the mailin	g address pro	vided is ina	ccurate	or incomplete	e.
	ABC Center  Note: An addr  Street:  Toronto  City:	ess correc		ill be ad	dded to	your invoice if	the mailin	g address prov	vided is ina	ccurate	or incomplete	2.

This form should only be completed by an organization interested in hosting a HIGH FIVE training. An asterisk (\*) indicates a mandatory field. Workshop Training Materials Training **Training Session** Host STEPS: Туре Mailing Organization Information Location Selection Information **Training Session Information** In-Class V \*Format: \*Training Name: Principles of Healthy Child Development 4-hour ● English French \*Language: \*Date of Training (mm-dd-yyyy): 04-23-2023 What is the start and end time of your 10am 2pm to training? 25 🕶 \*Number of Learners: (12-25) \*Number of Training Packages: (0-25) 25 🕶 \*Learner Type: students (staff, instructors, lifeguards, coaches) \*Would you like HIGH FIVE to Yes No arrange a Trainer for you? Trainer: Please select the Trainer that will be conducting your HIGH FIVE training from the dropdown list below. Please note you are responsible to confirm all training details with this Trainer. Lead Trainer: Macaluso Sonia (optional) Trainer2: NONE ✓ (optional) (optional) Trainer3: NONE \*Is your HIGH FIVE training open to OYes 

● No the public? Additional Information/Comments for Prev Step Next Step