


## 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® Training Request Form

This form should only be completed by an organization interested in hosting a HIGH FIVE training. An asterisk (\*) indicates a mandatory field.

**STEPS:** Workshop Type Selection → Host Organization → Training Location → Training Materials Mailing Information → Training Session Information

**Workshop Type Selection**

**Format:**

**Training Name:**

# HIGH FIVE<sup>®</sup> Training Request Form

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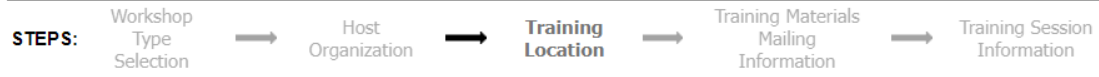


## Host Organization (The training that is being coordinated by this organization)

* Last Name:	<input type="text" value="Smith"/>
* First Name :	<input type="text" value="A"/>
* Email:	<input type="text" value="123@google.com"/>
* Phone:	<input type="text" value="9056661234"/>
*Organization Name:	<input type="text" value="-- Unable to find Organization in this list --"/>
* New Organization Name:	<input type="text" value="ABC center"/>
* Address:	<input type="text" value="ontario"/>
*City:	<input type="text" value="Toronto"/>
*Province/Territory/State:	<input type="text" value="Ontario"/>
*Country:	<input type="text" value="Canada"/>
*Postal/Zip Code:	<input type="text" value="L1A 2B0"/>

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## Training Location ( The training session is located at this site )

Same as Host Organization

*Organization Name:	<input type="text" value="-- Unable to find Organization in this list --"/>
*New Organization Name:	<input type="text" value="ABC center"/>
*Address:	<input type="text" value="Toronto"/>
*City:	<input type="text" value="Toronto"/>
*Province/Territory/State:	<input type="text" value="Ontario"/>
*Country:	<input type="text" value="Canada"/>
Postal/Zip Code:	<input type="text" value="L1A 2B0"/>

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## Training Materials Mailing Information ( Training Materials will be mailed to )

Name:

Organization:

Note: An address correction fee will be added to your invoice if the mailing address provided is inaccurate or incomplete.

Street:

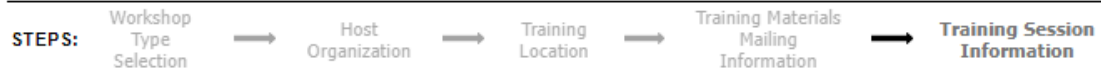
City:

Province/Territory/State:

Country:

Postal/Zip Code:

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### Training Session Information

**\*Format:** In-Class

**\*Training Name:** Principles of Healthy Child Development 4-hour

**\*Language:**  English  French

**\*Date of Training (mm-dd-yyyy):** 04-23-2023

**What is the start and end time of your training?** 10am to 2pm

**\*Number of Learners: (12-25)** 25

**\*Number of Training Packages: (0-25)** 25

**\*Learner Type:** students  
(staff, instructors, lifeguards, coaches)

**\*Would you like HIGH FIVE to arrange a Trainer for you?**  Yes  No

**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)

**Trainer3:** NONE (optional)

**\*Is your HIGH FIVE training open to the public?**  Yes  No

**Additional Information/Comments for HIGH FIVE**

[Prev Step](#) [Next Step](#)