



## Information/ In-Person Training Request Form

Please indicate the specific training or consultation needs that you or your agency has relating to emotional support for youth and/or families in the immigrant/refugee community.

Date \_\_\_\_\_

Affiliated Agency/Community Program \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Please provide possible dates and times available for contact and/or presentation

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Anticipated participants or audience

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What population do you serve? \_\_\_\_\_

What other information would be useful from La Puerta Abierta?

- More information on presentations
- Resources
- In service training request
- Other: \_\_\_\_\_

Are there specific question or concerns that require more immediate attention from La Puerta Abierta staff?

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