Caring Hearts

Beside you through grief's journey

EDUCATION & TRAINING REQUEST FORM

Please complete the form as fully as possible. Submission does not guarantee acceptance or reserve a date. A request is booked only after final written confirmation from Caring Hearts.

1. REQUESTER INFORMATION

Organization:	Contact person:
Email:	Phone:
Mailing address / community:	Preferred method of contact:

2. REQUEST DETAILS

Requested topic / title (please select from the options below):

_____ Trauma Informed Care

_____ Working With and Understanding Grief and Loss

_____ Trauma and Addiction

Traditional Healing Practices

_____ Walking Together: Indigenous Grief & Loss Workshop

_____ Living with Not Knowing: Holding Love and Loss for MMIWG2S

_____ Honouring the Heart: Traditional Healing Pathways

_____ Understanding Intergenerational Trauma, Cultural Context, Grief & Loss

_____ Returning to Relationship: 7 Sacred Teachings (Traditional Grounding Techniques)

Preferred date(s) and time(s):	Alternative date(s) and time(s):
Requested format: ☐ In person ☐ Virtual ☐ Hybrid	Location / virtual platform:

3. AUDIENCE

Expected number of participants:	Audience / participant roles:
Experience with this topic: ☐ Introductory ☐ Some ☐ Advanced ☐ Mixed	Age group(s), if relevant:

Accessibility, language, cultural, or other participation needs

_____

4. LOGISTICS AND RESOURCES

Technology, room setup, equipment, or material requirements

_____

Our fee schedule ranges between $400 - $2000 + per day. Final fees will be discussed with the facilitator based on the training and time required. (If financial barriers arise, please note what the barrier is and accommodation can be discussed).	Travel or accommodation required: ☐ Yes ☐ No ☐ To discuss
Materials / printing provided by:	Recording requested? ☐ No ☐ Yes — details below

Customization requested or other important information

_____

5. REQUESTER ACKNOWLEDGEMENT

I understand that this request is subject to review and is not booked until Caring Hearts confirms the scope, facilitator, date, format, and logistics in writing.

Name:	Signature (if required):	Date:

Please submit this completed request to Danyelle Renaud (Director of Education and Programming) at: education@caringheartssk.ca

STAFF USE ONLY

Date received:	Acknowledged by / date:	Training Request Log entry: ☐ Completed
Lead reviewer:	Proposed facilitator(s):	Team review date:

Decision

☐ Approved ☐ Approved with conditions ☐ Clarification required

☐ Wait-listed / deferred ☐ Declined ☐ Referred to another provider / resource

Escalation to Executive Director required

☐ No ☐ Yes — new curriculum ☐ significant cost ☐ political sensitivity ☐ media attention ☐ practice exception

Conditions, rationale, clarification questions, referral, or follow-up commitments

_____

_____

Written decision sent by / date:	Final confirmation sent by / date:	Status: ☐ Open ☐ Booked ☐ Closed