

Contracted Training Request

To submit your request for training, complete this form and email to scsatraining@scsaonline.ca

Note: While we strive to meet your training request, keep in mind that we do have a four to six week scheduling period.

Company Contact Details:

Company: _____ Contact _____
Email: _____ Phone: _____

Course Details:

Please submit one request form for each course you would like to hold.

Course Name: _____

Timeframe for course delivery: (Provide a 2-4 week range of dates)

Course Location

Please specify the location of training. If you wish to hold a class in Regina or Saskatoon, it is preferred that the course is held at the SCSA office.

For training at a location of your choice, please ensure there is ample space available to accommodate the number of attendees along with tables, a chair for each attendee, space for the trainer to setup their equipment and power for the instructor to plug in their equipment.

To assist with the booking attach a photo fo the training space you wish to use.

Address: _____ City: _____ Province _____

Postal Code: _____ SCSA Provide Facility: Yes No

Participant Details

Estimated number of participants: _____

Note: Payment is required for a minimum of 8 students