Hamilton FASD Resource Team In-Service Training Referral Form

Please fill out **ALL SECTIONS** of this referral form and submit completed form by Fax: 905-522-5998 or Email: info@fasdhamilton.ca

Referral Source

Name: _____

Agency: _____

Contact Number: _____

E-mail: _____

Describe Area(s) of Focus for Training

(e.g., transition to adulthood, supporting youth with FASD)

_____

_____

_____

Participants

Staff Roles (e.g., direct care staff, supervisors): _____

_____

Number of participants: _____

Location

Virtual or In Person: _____

If in person, agency location: _____

Note: If location is outside of the greater Hamilton area, a mileage charge may be applied.

Length of Training Session

Session Cost: $50 for 4 hours or less, $100 for 4 hours or more

Duration (minimum 1.5 hours): _____

Preferred Training Date

Please list two potential dates & times:

Option 1: _____

Option 2: _____

Note: We require at least 3 weeks notice from the referral date and we will try our best to accommodate your preferred dates/times.