



Request for Training Proposal

Date:

Name:

Agency/Organization:

Email:

Phone:

Address of training location:

Desired training topic:

- Understanding Grief
- Working with Grieving Children
- Interventions for the Bereaved
- Interventions for Grieving Families
- Working with Grievors: Countertransference and Self-Care
- Other:

Desired training duration (number of hours):

Desired training date:

2 alternate training dates:

Anticipated # of training participants:

Please describe the type of work the participants typically perform:

Why are you seeking grief training at this time?

Additional comments (optional):