

**Community for Hope of Greater Oshkosh
QPR Training Request Form**

Contact Name: _____

Agency: _____

Address: _____

Contact Phone Number: _____

Contact Email: _____

Date(s) & Time(s) Requested for Training: _____

Number of Participants: _____

Will a screen and projector be available: _____

(Office Use Below)

Trainer(s) Assigned: _____

Presentation Check List:

_____ **QPR Booklets**

_____ **Flash Drive/Laptop**

_____ **Pre/Post Training Evaluation Forms**

Signature: _____ **Date:** _____

(Executive Director)