

# Request Form - Training Sessions and Presentations

## - Children's Inclusion Support Services

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Date: \_\_\_\_\_

Name of Child Care Program: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

CISS Resource Consultant (if applicable): \_\_\_\_\_

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TYPE OF SERVICE REQUESTED:

- Presentation / In-service / Module
- Display Booth
- Other (please specify): \_\_\_\_\_

TOPIC / NEEDS:

Preferred date(s) and time(s): \_\_\_\_\_

Number of participants projected to attend: \_\_\_\_\_

Training to take place:  Online  In Person

Location of training session/ presentation: \_\_\_\_\_

Identify program group:  infant  preschool  
 toddler  school age  all

CISS will need at least one month's notice in order to consider this request.

If you have questions or require additional information, please contact the Training and Resource

Coordinator by e-mail at [ciss-sije@afchildrensservices.ca](mailto:ciss-sije@afchildrensservices.ca) or by phone at 613-736-1913 ext. 284.

Please forward to:

Training and Resource Coordinator  
Children's Inclusion Support Services  
600 – 700 Industrial Avenue  
Ottawa, Ontario K1G 0Y9

[ciss-sije@afchildrensservices.ca](mailto:ciss-sije@afchildrensservices.ca)

Tel.: 613-736-1913 ext. 284