

## **Trans Care BC**

## **Education / Training Requests**

Please fill in the information below to support your education / training request. If your request is of an urgent nature please indicate below. If we are unable to accommodate your request, we will aim to refer your request to other individuals / organizations offering training / education in your region or provide resources that may be helpful.

Please email the form to: <a>Trans.Edu@phsa.ca</a>

Date of Request: Organization Name: Name of Requestor: Contact Details (Email):

Organization Type:	Public	Private	Non-profit	
Request Type:	Workshop	Presentation	Table	Other
Description of Reque	est:			

Please describe the desired impact / purpose for the request:



Is your request for a specific date:		No	Yes (please indicate)	Time:			
Is the training:	Virtual	In-Person (please include location)					
Approximate number of participants:							
Participants:	Leadership Teams Mental Health Staff		Family Physicians / Nu	Family Physicians / Nurse Practitioners			
			Nurses	Specialists			
	Other:						

Trans Care BC has developed a 60 minute foundational online module, <u>Intro to Gender Diversity</u> that is required to be completed by all participants prior to further education/training.

Can you commit to ensuring that all participants complete the online module, prior to your requested education/training?

Yes No (Please provide further details)

Additional Comments:

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