



TRAINING REQUEST FORM

Name of Company/Group/Community: _____

Location (Town/Region): _____

Contact Person: _____

Phone Number: _____

Role/Title: _____

1. Proposed Training Date(s)

2. Estimated Number of Participants

3. Target Audience (Please tick or specify)

- Youth
- Parents/Guardians
- Community leaders
- Employees
- Community members
- **Others:** _____

4. Preferred Venue

Venue Capacity (if known): _____

5. Specific Topics of Interest (Please tick or specify)

- Mental health awareness & stigma
- Depression & anxiety
- Substance use / addiction
- Suicide prevention
- Parenting & child mental health
- Stress management



6. Language Preference

- English
- Ewe
- Akan
- Ga
- Other: _____

7. Expected Outcomes (What would you like this training to achieve?)

8. Additional Notes / Special Requests

Thank you for choosing Pluvia Gratiae Mental Health Foundation.