



Participant Request Form to attend a Stroke Workshop/Conference

Participant Information

Participant Name: _____

Participant Title: _____

Organization: _____ Department: _____

Contact Information: _____

Name of District Stroke Centre: _____

Part I: Pre Workshop

Please complete questions 1-4 and return form to your District Stroke Coordinator

1. Name of workshop: _____

2. Dates of workshop: _____

3. Location of workshop: _____

4. Learning goals for attending this workshop:

5. How will this workshop/conference benefit your work with stroke clients? Please explain:

Manager/Supervisor Signature: _____ **Date:** _____

District Stroke Coordinator Signature: _____ **Date:** _____

Part II: Post Workshop

Please complete questions 5 - 7 and return form to your District Stroke Coordinator

6. What did you learn from the workshop?

7. How do you plan to share what you have learned from the workshop with your colleagues?

8. Based on your new knowledge will you make any changes in your practice? Please explain:

Thank you.