



## **INVITATION TO SUBMIT EXPRESSION OF INTEREST for TRAINING SERVICES**

To enquire about running a workshop as 'In House' Professional Development for a group of employees, please contact Mane Solutions with an Expression of Interest. Date and confirmation of the training/workshop will be provided once numbers have been confirmed and payment made. Maximum numbers for each workshop will depend on the subject matter.

### **EXPRESSION OF INTEREST FORM**

Date submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **GROUP WANTING TO PARTICIPATE (Please tick):**

Salon

- LTO
- Mobile salon owner
- Salon franchisee
- Individual
- Job Seeker Agency (JSA)
- Community organization
- Not-for-profit organisation

#### **Major points to be covered in the workshop/ seminar**

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#### **Specific learning outcomes for participants from this course**

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#### **What length of presentation are you looking for?**

- 1/2 day workshop - 3 hrs
- 1 full day - 7hrs
- 2 day workshop
- Series of workshops on a topic

**Do you want your staff to have Handouts or workbooks available for the facilitation?**

Yes

No

**Do you want the presentation in the:**

Morning  Yes  No

Afternoon  Yes  No

Evening  Yes  No

Weekends  Yes  No

**Do you want to discuss varied days for a 'series'?**

Yes  No

**WHO is to participate:**

Manager/salon supervisor

Qualified hairdressers (2-5 years of experience)

Qualified hairdressers (5-10 years of experience)

Newly qualified staff

1<sup>st</sup> year apprentice

2<sup>nd</sup> year apprentice

3<sup>rd</sup> year apprentice

Salon assistant/ school-based trainee

Receptionist

JSA Trainer

Community Group

**Number of salons participating:**

1 \_\_\_\_\_

Number of participants: \_\_\_\_\_

2 \_\_\_\_\_

Number of participants: \_\_\_\_\_

3 \_\_\_\_\_

Number of participants: \_\_\_\_\_

4 \_\_\_\_\_

Number of participants: \_\_\_\_\_

5 \_\_\_\_\_

Number of participants: \_\_\_\_\_

6 \_\_\_\_\_

Number of participants: \_\_\_\_\_

7 \_\_\_\_\_

Number of participants: \_\_\_\_\_

8 \_\_\_\_\_

Number of participants: \_\_\_\_\_

9 \_\_\_\_\_

Number of participants: \_\_\_\_\_

10 \_\_\_\_\_

Number of participants: \_\_\_\_\_

**Where is the training to be delivered?**

External site: \_\_\_\_\_

Salon name: \_\_\_\_\_

Salon Manager: \_\_\_\_\_ Contact #: \_\_\_\_\_

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

**Most suitable dates and times for delivery are:**

\_\_\_\_\_