

Advancing THE WORLD OF Work



Cornell University
ILR School



Customized Training Request Form

Thank you for contacting Cornell University ILR's Workplace Health & Safety Programs for your customized training needs. Requests can be submitted by fax, mail or e-mail to the contact information provided at the end of the form.

Date: _____

Name and Title

Phone:

E-Mail:

Institution/Department/Company/Union for which the training is requested:

Mailing Address:

Description of Institution/Department/Company/Union for which training is requested (mission, programs, those served, etc.)

Indicate topic (s) below:

| | |
|--|--|
| <input type="checkbox"/> Aging Workforce | <input type="checkbox"/> Crisis & Violence Prevention |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Greener and Safer |
| <input type="checkbox"/> Safe Patient Handling | <input type="checkbox"/> Occupational Stress/Wellness |
| <input type="checkbox"/> Multiple Intelligences | <input type="checkbox"/> Multi-Generational Workplace |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Health and Biological Hazards |
| <input type="checkbox"/> Cancer Risks of Environmental Chemicals | <input type="checkbox"/> Crisis Management |
| <input type="checkbox"/> Confine Space | <input type="checkbox"/> Digester |
| <input type="checkbox"/> Lead Abatement Training | <input type="checkbox"/> Other (Please Describe): |

Length of Training (hours/days): _____

Proposed Location for Training: _____

Proposed Date(s) for Training: _____

Alternative Date(s) for Training: _____

Format for Training:

☐ On-Site ☐ Webinar ☐ Other (please specify): _____

Audience for the Training (check all that apply):

| | | | | | |
|--------------------------|-------------------------|--------------------------|-------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Supervisors | <input type="checkbox"/> | Union | <input type="checkbox"/> | Private Sector Employee |
| <input type="checkbox"/> | Service Workers | <input type="checkbox"/> | Risk Managers | <input type="checkbox"/> | Compliance Officers |
| <input type="checkbox"/> | Education Professionals | <input type="checkbox"/> | Security Officers | <input type="checkbox"/> | Ergonomics |

Number of people you expect to attend: _____

If the anticipated audience is under 15 people, are you willing to ask other groups in your area to join the training?

☐ Yes ☐ No

Are you willing to pay a fee (including travel time) for the training?

☐ Yes ☐ No

If you are unable to pay a fee, is an honorarium available?

☐ Yes ☐ No

Have you spoken to anyone at Cornell University ILR about training and, if so, who? _____

Provide any additional information that may be helpful to address your training need:

Submit to:

Cornell University ILR
Workplace Health & Safety Programs
237 Main Street, Ste. 1200
Buffalo, NY 14203-2719

P. (716) 852-4191 | F. (716) 852-3802 | E. njb7@cornell.edu