



## Training Request Form

### Contact information

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Training requested (Request one training per form)

Department \_\_\_\_\_ Title \_\_\_\_\_  
Brief description of the training requested \_\_\_\_\_

### Who is the intended audience?

Number of attendees expected \_\_\_\_\_

### INTERNAL USE ONLY

#### Facilitators/trainers assigned

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

#### Dates(s) and time(s) of requested training (e.g., half day, full day, or multiple days)

Date and time \_\_\_\_\_  
Alternative \_\_\_\_\_

#### Training location

Type of training setting \_\_\_\_\_  
Preferred training method \_\_\_\_\_

#### Equipment available at location (computer, projector, etc.)

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

Submit completed form to [DCSTrainingRequests@detma.org](mailto:DCSTrainingRequests@detma.org)