

## Training Request Form

1. Contact Information:

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Dept. Acct.:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

2. Description of requested training e.g. Customer Service Training, Supervisory Training, Communication Training:

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3. Desired skills to be acquired through this training e.g. Customer Service: telephone skills; Management Training: problem solving; Communication Training: listening:

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4. Would the requested training be for you or your department? \_\_\_\_\_

5. If this training is intended for your department, what is the approximate number of participants? \_\_\_\_\_

6. What is the best time for this group to attend training: Morning Session \_\_\_\_\_

Afternoon Session \_\_\_\_\_

7. When would you like to begin this training? Provide two dates: \_\_\_\_\_

8. Additional comments:

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**Please submit the completed training request form to the Organizational & Human Development Department at:**

**Email:** kadigrav@admmail.uwaterloo.ca

**Interoffice mail:** Attention: Katrina Di Gravio, HH 161F

**Fax:** 519-888-4319