

# Training Request Form

## Contact Information

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Team Members performing:

\_\_\_\_\_ Faculty & Staff (Non-Clinical)  
\_\_\_\_\_ Faculty & Staff (Clinical Specific Area)  
\_\_\_\_\_ RN/LPN/MD  
\_\_\_\_\_ Other licensed Staff (specify) \_\_\_\_\_  
\_\_\_\_\_ Other non-licensed Staff (specify) \_\_\_\_\_

### Training Applicable to:

\_\_\_\_\_ VUH \_\_\_\_\_ VMG  
\_\_\_\_\_ VCH \_\_\_\_\_ VPH  
\_\_\_\_\_ VPH \_\_\_\_\_ VUSM  
\_\_\_\_\_ VUSN \_\_\_\_\_ VU  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Target date for start of training? \_\_\_\_/\_\_\_\_/\_\_\_\_

Target date for training completion? \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of requested training: (for example: Customer Service Training, Management Training, Communication Training etc....)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired competency skills to be acquired through this training: (for example: Customer Service: telephone skills; Management Training: Time Management; Communication Training: Listening)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What tasks can employees not do that the course will train them to do?

\_\_\_\_\_  
\_\_\_\_\_

What previous training have the employees received on these tasks?

\_\_\_\_\_  
\_\_\_\_\_

What specific productivity improvements do you expect from the proposed course?

\_\_\_\_\_  
\_\_\_\_\_

Is the requested training for you or your department? \_\_\_\_\_

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

What is the best time and day for this group to attend training? \_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

