

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) _____
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Training Applicable to: ____ VUH ____ VMG ____ VCH ____ VPH ____ VPH ____ VUSM ____ VUSN ____ VU ____ Other (specify) _____
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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:

