

Training Request Form

Date: _____ Tribe: _____ Requester: _____

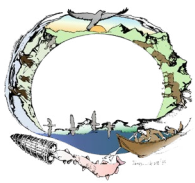
TRAINING DETAILS

What training are you requesting?	
Is this related to your community's Work Improvement Plan?	Yes No
What needs in your community are you hoping to address through this training?	
Do you have any projects happening in your community related to this topic? Please describe them here.	
What supplies and materials do you already have to support this training?	
Do you need IT Support for this training? Yes No	
What are your preferred dates for this training?*	Do you have a preferred trainer or institution to host this training?*
	Yes (If yes, fill out the rest of this section) No
Trainer's Name/Institution:	
Trainer's Phone Number:	Trainer's Email Address or Website:

EXPECTED TRAINING COST

Travel: \$	Where would you like this training be offered?*
Lodging: \$	Do you have enough lodging available for the trainer and attendees from other communities? Yes No
Food: \$	
Training Supplies: \$	
Materials: \$	

**We will do our best to honor these requests, but may have to make changes depending on availability.*



EXPECTED PARTICIPANTS

#	Name	Address	Job Title	Can we share their contact info with potential employers?	
1.				Yes	No
2.				Yes	No
3.				Yes	No
4.				Yes	No
5.				Yes	No
6.				Yes	No
7.				Yes	No
8.				Yes	No
9.				Yes	No

Continue as needed.

TRAINING ASSESSMENT AND PERFORMANCE REPORT

Number of Completions: _____ Did participants earn a certificate? Yes No

Can this data be shared with TCC Programs and Vendors? Yes No

FOR TCC OFFICE USE ONLY

Using BIA Employment and Training funds:

Written permission received to use Self Governance funds

TCC Employment & Training