Tanana Chiefs Conference

Workforce Development
122 First Avenue, Suite 500
Fairbanks, AK 99701
Phone: 907-452-8251 ext. 5890
employment_dept@tananachiefs.org

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.*

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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