

TRAINING REQUEST FORM

Thank you for your interest in hosting a McSilver Institute training. Please complete the form below and email it to briana.goncalves@nyu.edu. Please submit one training request per form.

Contact Information

Name and Title: _____

Organization: _____

Email: _____

Phone: _____

Address: _____

Date Submitted: _____

Training Event Information

Event Title or Topic: _____

Requested Training Dates: 1st Choice _____ 2nd Choice _____
3rd Choice _____

Event Location: _____

Anticipated number of attendees and their profession: _____

Anticipated number of organizations represented: _____

Anticipated population(s) served: _____

Provide a brief summary of what you want to accomplish through this training:

(This should include the goals and learning objectives of the training.)

Type of training (check one):

-
- | | |
|--|---|
| <input type="checkbox"/> The 4 Rs and 2 Ss for Strengthening Families | <input type="checkbox"/> Compassion Fatigue/Self-Care |
| <input type="checkbox"/> Engagement strategies for Child and Family Services | <input type="checkbox"/> Trauma-Informed Care |
| | <input type="checkbox"/> Other: _____ |

Desired format for training:

-
- In-person Web-based Combination

Desired length of training session: _____

Would you like consultation to accompany the training? Yes No

Available support:

Are you able to provide any of the following travel or logistical support?

-
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Air travel | <input type="checkbox"/> Lodging |
| <input type="checkbox"/> Ground transportation | <input type="checkbox"/> Other: _____ |

