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**TRAINING REQUEST FORM**

**Requester Information**

Requester Name: Requester Title:

Contact Name: Contact Title:

For day of training if different from Requester

Contact Email: Contact Phone:

Reachable on day of training

Organization/School Name:

**Training Location**

Facility Name: Address: City: Zip Code:

If different from Org/School Name above

**Training Request Information**

**Training Type** SPFI Gatekeeper: 2.5 hours\* Sources Introductory: 2 hours

Other (please specify):

**Training Date and Time** (please give 2-3 date/time options):

**Available Time for Training** (please specify how much time is available):

**Technology** (please select which of the following will be available for training)

Screen Audio Laptop Projector

Table for materials Internet We are requesting a virtual/webinar training\*

**Training Demographics**

**Number of participants anticipated:**

**Will there be any participants under age 18?\***  Yes No  **Between ages 18-25?** Yes No

**Please specify any special requests or accommodations:**

**Please describe any recent losses (suicides or other sudden deaths) or major changes to organization/school climate we should be aware of:**

\*Please note:

* Only adults are to attend Gatekeeper trainings.
* Gatekeeper trainings are available remotely under special circumstances.
* If you need a training of shorter duration, please note that under special requests.
* Community members are welcomed and encouraged to attend trainings.

Thank you!

Request Date:

For ILP use