



**REQUEST FOR TRAINING**

Thank you for your interest in the Child Care Resource Center. We receive many requests for trainings other than what is scheduled in our quarterly newsletter so we have established a procedure to help us respond more effectively.

We ask that anyone requesting training complete the following form.

Once you have submitted your request, we will consider it along with other requests and respond as quickly as possible. It is important to give us as much notice as possible. We appreciate your understanding that the Professional Development Team has limited availability, each request will be reviewed however all training requests may not be honored.

If we receive multiple requests for the same training we will include that training in our training schedule.

We encourage you to submit training needs and ideas so be included in our quarterly newsletter, The Quality Times.

Please submit your suggestions based on the following timetable.

<b>Winter Quarterly Newsletter</b> <i>January-February-March</i>	<b>Spring Quarterly Newsletter</b> <i>April-May-June</i>	<b>Summer Quarterly Newsletter</b> <i>July-August-September</i>	<b>Fall Quarterly Newsletter</b> <i>October-November-December</i>
Training Suggestions must be submitted by: <b>October 10<sup>th</sup></b>	Training Suggestions must be submitted by: <b>January 10<sup>th</sup></b>	Training Suggestions must be submitted by: <b>April 10<sup>th</sup></b>	Training Suggestions must be submitted by: <b>July 10<sup>th</sup></b>

CCRC will give priority to providers experiencing difficulties that may impact their child care license.

Name: \_\_\_\_\_ Date training request completed: \_\_\_\_\_

Center/Provider/Organization for which training is requested: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Training topic requested: \_\_\_\_\_

Is the requested training needed/requested as soon as possible or would you like the requested training to be added to the quarterly newsletter? *Please Circle One:* As Soon As Possible Newsletter

Proposed location for training: \_\_\_\_\_

Is the location conducive to adult learning? Adult chairs – Yes  No  Adult tables – Yes  No

Does the location have an area where power point presentations and/or videos can be shown? Yes  No

Proposed date for training: \_\_\_\_\_ Proposed time for training: \_\_\_\_\_

Number of people you expect to attend: \_\_\_\_\_

Audience for training: (*please check as many as apply*) Child Care Providers ; Parents ; Teachers ; Social Service  Administrator's ; Other

If the training is held at a child care site are you open to inviting other child care providers in your area to join the training? Yes  No

Is there ample/accessible parking for others to attend if the training is held at your location? Yes  No

**For Office Use Only**

Date training request was received: \_\_\_\_\_

Training Approved Yes  No  --- If No, Reason Why \_\_\_\_\_

Will the training be provided As Soon As Possible or will it be added to the Newsletter? \_\_\_\_\_

Training Topic: \_\_\_\_\_ Trainer: \_\_\_\_\_

Date & Time Training will be provided? \_\_\_\_\_

Any changes other than what is listed above: Location, Time, etc.: \_\_\_\_\_

Date the Center/Provider/Organization was notified that the training could or could not be held: \_\_\_\_\_