Training Request Form

1. Contact Information:
   
   Name: ________________________________________________________________
   Department: __________________________________________________________
   Dept. Acct.: __________________________________________________________
   Phone Number: ________________________________________________________
   E-mail: ______________________________________________________________

2. Description of requested training e.g. Customer Service Training, Supervisory Training, Communication Training:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Desired skills to be acquired through this training e.g. Customer Service: telephone skills; Management Training: problem solving; Communication Training: listening:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Would the requested training be for you or your department? __________________________

5. If this training is intended for your department, what is the approximate number of participants? ______

6. What is the best time for this group to attend training: Morning Session ______________
   Afternoon Session ______________

7. When would you like to begin this training? Provide two dates: ________________________________

8. Additional comments:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Please submit the completed training request form to the Organizational & Human Development Department at:

Email: kadigrav@admmail.uwaterloo.ca
Interoffice mail: Attention: Katrina Di Gravio, HH 161F
Fax: 519-888-4319