

FAMILY READINESS SUPPORT SERVICES TRAINER REQUEST



Date of Submission:

Date of Event:

1. What type of training do you require?

<input type="checkbox"/> Family Readiness Group	<input type="checkbox"/> Command Leadership Team	<input type="checkbox"/> Overall Family Well-Being
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2. What type of event are you requesting training for?

<input type="checkbox"/> State Workshop	<input type="checkbox"/> Regional Training	<input type="checkbox"/> Yellow Ribbon
<input type="checkbox"/> Initial Volunteer Training	<input type="checkbox"/> Initial Command Training	<input type="checkbox"/> Unit Level Training (5-10)

3. What training platform will be used?

<input type="checkbox"/> Webinar/Telecom	<input type="checkbox"/> Classroom	<input type="checkbox"/> Other
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If other, please explain:

4. Date/Time/Duration

<input type="text"/> Event Start Date & Time	<input type="text"/> Event End Date & Time
<input type="text"/> Total # of FRSS Classes Required	<input type="text"/> Total # of FRSS Instruction Hours

Example: A training agenda requiring three classes of FRSS instruction with each class lasting is 90 minutes: Total # of FRSS classes required = 3, Instruction Hours = 4.5.

5. Event Location

 Street, City, State, Zip Code

6. Attendance Estimates:

<input type="text"/> Number of Service Member	<input type="text"/> Number of Family Members	<input type="text"/> Number of Volunteers
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7. Point of Contact Information

Alternate POC

Name:

Name:

Title/Rank:

Title/Rank:

Email:

Email:

Phone:

Phone:

****Please submit all completed requests to Susan Gramkow, National Training Coordinator at susan.gramkow@gbg-hs.com and Cc State FRSS Trainer/SFPD****

SFPD Signature Block
Required only for State Level or Higher Training Events