

Community Training Intake Form



Complete this form and return it to training@vayahealth.com. Use "New Training Request" as the subject line of email.

GENERAL INFORMATION	
Date of request:	Your name:
REQUESTOR INFORMATION	
Requestor name:	Organization:
Telephone:	Email:
County/counties of requested training:	
What is the organization trying to accomplish by having this training? What are its goals and desired outcomes?	
What is the organization going to do to evaluate changes in behavior related to training?	
REQUESTED TRAINING INFORMATION	
Training requested:	Projected training date:
Training location: <input type="checkbox"/> Virtual <input type="checkbox"/> In-person: _____	
Training address (if known at the time of the request): _____	
Description of request:	
Projected number of participants:	Is a training flyer needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is online registration needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY COMMUNITY TRAINING MANAGER	
Community Training Specialist responsible for training:	
Co-trainer:	Date assigned:
Comments:	
TO BE COMPLETED BY COMMUNITY TRAINING SPECIALIST	
Date of initial contact with requestor:	Contact type: <input type="checkbox"/> Email <input type="checkbox"/> Telephone
Comments:	