



Schools Insurance Authority TRAINING REQUEST FORM

Today's Date: _____

Title of Training: _____

Start Time: _____ Flexible? _____ Duration: _____ Date of Training: _____ Flexible? _____

Preferred Delivery: Virtual In-Person Possible Alternate Dates: _____

Objective of the training: _____
(i.e., requirement for health incentives, personal well-being/education etc.)

School District: _____ Department: _____

Location Address: _____

Requester's Name: _____ Title: _____

Requester's Phone #: _____ Contact Email: _____

Contact on day of the training (if different from above): _____

Contact Phone #: _____ Contact Email: _____

Are there any other topics, not shown, that would interest you for future trainings/workshops?

Virtual (please complete)

Will participants ZOOM individually or as a large group? _____ Number of Participants: _____

If a group setting, will they be arranged at tables or theater style seating?

Name of ZOOM Host: _____ Co-Host: _____

NOTE: Participants who are attending individually should have access to camera/microphone, preferably on a computer or tablet. Cell phones limit the benefits and participation in ZOOM trainings.

In-Person (please complete)

Will masks be required for presenters?

Will social distancing be possible for presenters and/or participants?

Will masks be worn by participants?

Will the training be held outside or inside?

Number of Participants: _____

What electronic equipment will be available to presenter(s): _____
(i.e. screen, computer/laptop, projector, whiteboard etc.)

Will I.T. be available if needed? _____ Contact Name/Phone #: _____

If possible, email a photo of location with as much information regarding chair placement, screen, desks etc. to preventionservices@sia-jpa.org.

EMAIL COMPLETED FORM TO: preventionservices@sia-jpa.org