THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF CAREER SERVICES

National peer-to-peer technical assistance and training

Training Request Form

Contact information

Name _____ Title _____

Organization _____ Phone _____

Email _____

Training need(s)

Describe the reason for your request:_____

What issue, problem, or situation will be improved as a result of receiving or participating in the training?

Training requested **Provide the title or a brief description of the training requested**

Have you/your group attended this or similar training? ☐ Yes ☐ No

If yes, indicate your previous experience and why this training is being requested again:

Preferred training method

☐ Classroom training ☐ In-person technical assistance ☐ Technical assistance by phone/online

☐ Video conferencing ☐ Conference call ☐ Webinar ☐ Not sure

☐ Combination of delivery types, specify _____ ☐ Other _____

Target audience **Front-line staff, managers, Workforce System leaders or partners, other**

Number of attendees

Date(s) and time(s) of requested training **Include half-day, full day, or multiple days**

Preferred date and time _____

Alternative date and time_____

Preferred training location **Include type of setting**

Comments, special requests, or special accommodations

Email to: PeertoPeer@MassMail.State.MA.US