



## MassHire Staff Training and Development request form

### Contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Date of request: \_\_\_\_\_

### Training need(s):

 Please describe the reason for your request.

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

### Preferred training method:

- ☐ Classroom training
- ☐ Technical assistance
- ☐ Video conferencing
- ☐ Conference call
- ☐ Webinar

☐ Combination of delivery types (specify)

\_\_\_\_\_  
☐ Other (specify)

\_\_\_\_\_  
☐ Not Sure

**Target audience:** Frontline Staff, Managers, Supervisors, Business Service Representatives, Partner Agency Staff, Workforce Board, Other (specify) \_\_\_\_\_

**Number of attendees:** \_\_\_\_\_

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

Preferred date and time: \_\_\_\_\_

Alternative date and time: \_\_\_\_\_

### Preferred training location: (Include type of setting)

### Comments/special requests/special accommodations:

Email this completed form to: [DCSTrainingRequests@detma.org](mailto:DCSTrainingRequests@detma.org)