

TRF Number	
Received by	
Date Received	

CKMO TRAINING REQUEST FORM

NOTE: This Training Request Form (TRF) must be submitted to the PCC Communications and Knowledge Management Office-Capacity Building and Advocacy Division (CKMO-CBAD) at least five (5) weeks prior to the requested training schedule. Please fill-out all requested information; **incomplete TRFs will not be processed.**

CONTACT INFORMATION

Company / Institution / Office Name			
Name of Representative		Position	
E-mail Address		Contact Number	
<i>For companies/institutions, please attach brief profile.</i>			

ACTIVITY INFORMATION

Topic			
Purpose			
Date requested <i>(approximate if unknown)</i>		Preferred training duration <i>(in hours)</i>	
Resources required from PCC (check all that apply)	<input type="checkbox"/> Resource speakers <input type="checkbox"/> Venue <input type="checkbox"/> Refreshments <input type="checkbox"/> Transportation (land/air) <input type="checkbox"/> Equipment <input type="checkbox"/> Information collaterals / training kits <input type="checkbox"/> Other (e.g., accommodation, per diem, etc.) _____ _____	Preferred location	
		Type of activity	<input type="checkbox"/> Forum (classroom-type) <input type="checkbox"/> Small group (roundtable)
		Likely composition of attendees (check all that apply)	<input type="checkbox"/> All levels <input type="checkbox"/> Staff <input type="checkbox"/> Supervisors/ Managers <input type="checkbox"/> Executives <input type="checkbox"/> Other (please specify) _____ _____
Estimated training expenses		Estimated number of attendees	

SIGNATURE OVER PRINTED NAME		DATE REQUESTED	
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