

# RIBHO Training and Development Request Form

## A. TRAINING REQUEST INFORMATION

Name (Requester): \_\_\_\_\_ Date: \_\_\_\_\_  
Job title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Training type (Select One)

Seminar  College Course  Workshop  Conference  other: \_\_\_\_\_

Title of the activity: \_\_\_\_\_

School or organization name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Number of training hours: \_\_\_\_\_

Number of attendees: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

1. What specific knowledge or skill will you learn?

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2. How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities?

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## A. ABOUT YOUR ORGANIZATION

3. Please check the categories that best describe your organization.\*  
(Select all that apply)

Business (private)  Clinic/Community Health Center  College  
 Coalition/Community Partnership  Community Based Organization  
 Hospital/Health Service  Religious Organization  School (Primary)  
 School (Secondary)  Other \_\_\_\_\_

4. How did you hear about RIBHO's Training services? (Select all that apply)

A previous engagement  Workshops/Brochure  Community Organizations  
 Colleague  Previous Utilization  Regional Trainers  Consultant  
 Internet  Other

5. Have you ever received training services through RIBHO? (Select one)

Yes  No

**B. TECHNICAL ASSISTANCE INFORMATION**

6. What kind of assistance is needed?\* (Select all that apply)

- Professional Competency Training    Customized Training    Consultation  
 Facilitation    Product Development    Information Referral

7. Would you prefer this request to be virtual, in person, or hybrid?\*(Select one)

- Virtual    In-Person    Hybrid

8. Please describe the problem/issue that your organization seeks to address through this technical assistance or training (please note if this is a continuation of a previously received training or Technical Assistance assignment).\*

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9. What are the specific outcomes to be achieved as a result of receiving technical assistance or training?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

10. Do you have a proposed timeline for the start and end of requested training?\*(Select one)

- Yes    No

11. Approximately how many individuals will participate in the training service?\*

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12. Please identify the population(s) of the participants that will attend this training.

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13. Are there any cultural and/or linguistic needs regarding your community, organization or program participants that you would like addressed in this training?\*(Select one)

- Yes    No

14. If the training will be virtual, and you have a platform (e.g., Zoom) that allows you to host the training, please indicate which: (Select all that apply)

- Zoom    Skype    Appear.in    Adobe Connect    Cisco Webex  
 Google Hangouts Teams    Microsoft Teams    Go To Webinar/ Go To Meeting

15. Does the training room have a laptop/ computer?

Yes       No

16. Does the training room have projector capacity?

Yes       No

17. Does the training room have electricity?

Yes       No

18. If requesting in-person training, where will training service occur? (Describe the space)

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19. Are you requesting a specific consultant?\*(Select one)

Yes – If yes, provide the name of the consultant below

No

20. Does your organization have resources to pay for or share the cost of the technical assistance or training services?\*(Select one)

Yes       No

21. To the best of your ability, please identify which portion of the Strategic Prevention Framework (SPF) process you believe your organization/ department/ coalition is addressing through this training request: (Select all that apply)

Assessment: Profile population needs, resources, and readiness to address the problems and gaps in service delivery

Capacity: Mobilize and/or build capacity to address needs

Planning: Develop a Comprehensive Strategic Plan

Implementation: Implement evidence-based prevention programs and infrastructure development activities

Evaluation: Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail

22. The SPF process also includes Cultural Competence and Sustainability as important factors that cross all phases of the process. Please indicate if this training request will address: (Select all that apply)

Cultural Competence: A system of policies, skills and attitudes that eliminates service and participation disparities for people of diverse racial, ethnic, and linguistic populations, as well as consideration of gender, disabilities and other \_\_\_\_\_.

Sustainability: The essence of sustainability is integrating newly developed approaches into the fabric of existing support programs and services designed to enhance outcomes for children, youth, and communities.