



TDCJ Victim Services Division - Training Request Form

NAME OF ORGANIZATION:			
CONTACT PERSON:			
PHONE:		EMAIL:	
REQUESTED DATE OF TRAINING:		REQUESTED TIME OF TRAINING:	
PROPOSED LENGTH OF TRAINING:		LOCATION OF THE TRAINING:	
PROPOSED AUDIENCE (BE SPECIFIC):		ANTICIPATED NUMBER OF PARTICIPANTS:	
REQUESTED TOPIC:			
DESCRIPTION OF REQUESTED TOPIC:			
PURPOSE OF THIS TRAINING?			
WHAT ARE THE DESIRED COMPETENCY SKILLS TO BE ACQUIRED THROUGH THIS TRAINING? WHAT SKILLS, INFORMATION, AND KNOWLEDGE DOES TRAINING REQUESTOR WANT THE AUDIENCE TO WALK AWAY WITH?			
WHAT PREVIOUS TRAINING HAVE AUDIENCE MEMBERS RECEIVED ON THIS TOPIC? IS THIS A BASIC TRAINING ON THE TOPIC COVERED OR A FOCUSED/TARGETED TRAINING?			
Reviewed By:		Date:	
Approved By:		Date:	

Please submit this form to tdcj.clearinghouse@tdcj.texas.gov.