



Minnesota Department of **Human Services**

MFIP Employment Services Program Training Request Form

**Please complete this form describing your training needs and
send it to Susan Seidl at susan.seidl@state.mn.us.**

Requested by:

Name: _____

Phone number: _____

Department/County/Agency: _____

Email: _____

Course Title:

Name of the course you would like to arrange for your group. If you do not know the course title, enter a brief description.

Reason and Purpose:

What prompted the need for this training? What goals do you have for this training? What specific needs will the training meet? What is the desired impact of the training?

Scheduling preferences:

How soon do you need this training offered? What are the best dates, days of the week, and times?

Description of audience: **Number of anticipated participants?** _____

Is this for new job counselors, or experienced workers? Is it for workers who handle teen cases, mostly FSS, DWP cases, etc.? What experience can we expect students will have coming into the training?

Topics you would like covered:

- _____
- _____
- _____
- _____

Desired Training style/format:

Classroom, webinar, video-conference, self-directed materials, computer, hands-on, online training,...

Duration preference:

How long? 2 hours, 4 hours, 1 day...

Additional information -- special needs and preferences:

Send completed form to Susan Seidl at susan.seidl@state.mn.us.