

## WORKSITE TRAINING APPLICATION

(Please type or print)

To arrange a training program at your agency/facility worksite, complete this application and mail or fax it to the NYS & CSEA Partnership at the address and fax number above. Please submit one application for each request. If you are submitting multiple applications, number your requests in priority order with number one being the highest priority.

### Section 1 (to be completed for all program requests):

Type of request (please select one):

Agency Worksite Program       Online Learning Program

Agency Name: \_\_\_\_\_

Facility Name (if applicable): \_\_\_\_\_

Total number of CSEA-represented NYS employees targeted to participate: \_\_\_\_\_

Titles of targeted employees: \_\_\_\_\_

**If you are requesting an agency worksite program, go to Section 2.**

**If you are requesting online learning, go to Section 3.**

### Section 2 (to be completed for agency worksite program requests only):

State the title of the course you are requesting: \_\_\_\_\_

Specify the preferred dates and times for this training: \_\_\_\_\_

Describe how your training needs were assessed:

Based on your needs assessment, explain how you expect this training to benefit both your employees and the worksite:

Describe the labor-management process that you will follow to select participants to attend:

**Section 2 (to be completed for agency worksite program requests only): continued**

Please describe the training room you have identified for this training (e.g., capacity, presentation furnishings and equipment, number of tables and chairs):

\_\_\_\_\_

Proposed training site location and full address (be specific): \_\_\_\_\_

\_\_\_\_\_

Provide the name of the site contact for this course that will be responsible for making all arrangements (e.g., confirming course content with participants, scheduling training space, receiving materials, preparing course roster, meeting the instructor at the start of training):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

**When complete, go to Section 4.**

**Section 3 (to be completed for online learning program requests only):**

**Course Libraries**

**Number of Licenses Needed**

SkillSoft Business Skills, Desktop, IT Courses: \_\_\_\_\_

GoTrain Health and Safety Courses: \_\_\_\_\_

Indicate the name of at least one Agency Online Learning Liaison\* who will be responsible for facilitating an automated approval process provided by the Partnership.

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

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

*\*The Liaison will serve as the agency's point person for communication between the Partnership and the agency's CSEA-represented employees. Liaisons are provided with a free online learning license.*

**When complete, go to Section 4.**

**Section 4 (to be completed for all program requests):**

**Labor-Management Contact Information:**

*By submitting this application, the management representative and the CSEA local president noted below certify that all information contained in this application is accurate and complete. The assessment and development of this training request has been a joint collaboration and the management representative and the CSEA local president will continue to be involved in all aspects of course arrangements and delivery.*

**Management Representative\***

**CSEA Local President**

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

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

CSEA Local Number: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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

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

*\*Management representative must be a personnel director, training director, facility director, or equivalent.*

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submitting Application in Hard Copy:** A signature is required by both the management representative and CSEA local president indicated above. The Partnership will contact you regarding the next steps.

*The NYS & CSEA Partnership for Education and Training does not discriminate on the basis of race, color, national origin, gender, religion, age, disability or sexual orientation in employment, admission or access to its programs or activities. Reasonable accommodation will be provided upon request.*