

TRAINING APPLICATION FORM

Title of Training:

Instructions: We would like your help in making this activity as beneficial to you as possible. In order to do this, we request that you provide us with some information. Below you will find a number of questions relating to your background and expectations for the workshop. Most questions can be answered simply by placing a check in the appropriate space. Where a written answer is required, please print your reply clearly in the space provided. Please consider your responses carefully and answer truthfully. Everything you say will be held in strictest confidence. The information will be used only to help us make our activities more responsive to your needs.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Position: \_\_\_\_\_

Highest Educational Attainment: \_\_\_\_\_

Duties & Responsibilities in the job you are in (Pls Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department/Office: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Municipality: \_\_\_\_\_

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

What specific topic/interests needed in your job would you like to be incorporated in this training? (Pls list at most 5 according to priority. Pls. indicate priority rank by numbering them from 1-5)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_