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Cornell University
ILR School



Customized Training Request Form

Thank you for contacting Cornell University ILR's Workplace Health & Safety Programs for your customized training needs. Requests can be submitted by fax, mail or e-mail to the contact information provided at the end of the form.

Date: _____

Name and Title

Phone:

E-Mail:

Institution/Department/Company/Union for which the training is requested:

Mailing Address:

Description of Institution/Department/Company/Union for which training is requested (mission, programs, those served, etc.)

Indicate topic (s) below:

<input type="checkbox"/>	Aging Workforce	<input type="checkbox"/>	Crisis & Violence Prevention
<input type="checkbox"/>	Ergonomics	<input type="checkbox"/>	Greener and Safer
<input type="checkbox"/>	Safe Patient Handling	<input type="checkbox"/>	Occupational Stress/Wellness
<input type="checkbox"/>	Multiple Intelligences	<input type="checkbox"/>	Multi-Generational Workplace
<input type="checkbox"/>	Composting	<input type="checkbox"/>	Health and Biological Hazards
<input type="checkbox"/>	Cancer Risks of Environmental Chemicals	<input type="checkbox"/>	Crisis Management
<input type="checkbox"/>	Confine Space	<input type="checkbox"/>	Digester
<input type="checkbox"/>	Lead Abatement Training	<input type="checkbox"/>	Other (Please Describe):

Length of Training (hours/days): _____

Proposed Location for Training: _____

Proposed Date(s) for Training: _____

Alternative Date(s) for Training: _____

Format for Training:

- On-Site Webinar Other (please specify): _____

Audience for the Training (check all that apply):

<input type="checkbox"/>	Supervisors	<input type="checkbox"/>	Union	<input type="checkbox"/>	Private Sector Employee
<input type="checkbox"/>	Service Workers	<input type="checkbox"/>	Risk Managers	<input type="checkbox"/>	Compliance Officers
<input type="checkbox"/>	Education Professionals	<input type="checkbox"/>	Security Officers	<input type="checkbox"/>	Ergonomics

Number of people you expect to attend: _____

If the anticipated audience is under 15 people, are you willing to ask other groups in your area to join the training?

- Yes No

Are you willing to pay a fee (including travel time) for the training?

- Yes No

If you are unable to pay a fee, is an honorarium available?

- Yes No

Have you spoken to anyone at Cornell University ILR about training and, if so, who? _____

Provide any additional information that may be helpful to address your training need:

Submit to:

Cornell University ILR
Workplace Health & Safety Programs
237 Main Street, Ste. 1200
Buffalo, NY 14203-2719

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