

Forward this form to the person in your organization who handles training logistics.

# California Center of Excellence for Trauma Informed Care

## Training or Consultation Scheduling Form

This form is intended to organize the training or consulting contracting, scheduling and logistics discussion between your organization and the California Center of Excellence for Trauma Informed Care, a project that is operated under the non-profit Walnut Avenue Women’s Center, Santa Cruz, California. Federal ID: 94-1186197.

**All payments are to be made to the Center and use the above federal ID number.**

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### Contact Information

Name of agency: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Contact person phone: \_\_\_\_\_ Email \_\_\_\_\_

(1) Information on the audience:

- a) How many will be attending (best estimate)? \_\_\_\_\_
- b) Primarily from: Mental health \_\_\_\_\_ Substance abuse \_\_\_\_\_ Violence prevention \_\_\_\_\_  
Housing \_\_\_\_\_ Law enforcement \_\_\_\_\_ Child protective services \_\_\_\_\_ School \_\_\_\_\_  
Other (please describe)

\_\_\_\_\_

c) What training would you like:

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

- d) What is the goal you would like to achieve by having this training:
- Basic information on trauma and trauma-informed services for all staff
  - Advanced training on trauma-related issues for specific staff
  - Agency-specific training to address specific issues (please describe)

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(2) **Date(s) of the training** \_\_\_\_\_

(3) **Start and end time(s):** \_\_\_\_\_

(4) **The following equipment and materials will be available:**

- Powerpoint projector with computer (to show PowerPoint).
- If you cannot access this equipment, please specify what you can provide: \_\_\_\_\_
- Flipchart with markers
- Microphone. Note: If the training is for fewer than 40 people, generally no mike is needed. If the training is large (over 75 people) speakers may also be needed.
- A person able to ensure sign-in and collect evaluations.
- Please check the audiovisual equipment a few days in advance.*

(5) **Check here if you prefer to make copies for attendees:** \_\_\_\_\_  
(Otherwise, your agency will be charged for the copies).

(6) **Check here if you are going to offer CEUs or other professional credits:** \_\_\_\_  
**Note:** Please inform the Center of any requirements or information you need to complete your CEU paperwork.

*Additional information will be needed. This is not a contract or obligation to conduct training or to compensate the Center for any work. The Center will contact you in the next 48 hours to schedule the training or consultation and complete the contracting process.*