

Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center

TRAININGS BY REQUEST

Training by Request Host Site Application

1. Contact Information (All fields are required)			
First Name:			
Last Name:			
Title:			
Phone (O):		Phone (C):	
Email Address:			
Name of Organization:			
Name of Sponsor Organization <i>(if different from above)</i>			
Address 1:			
Address 2:			
City:			
State:		ZIP Code:	
Training Location <i>(if different from above)</i>			
Will you also serve as the Local Site Coordinator for this event, responsible for coordinating with a REMS TA Center team member? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "No," please provide name, phone number, and email address of person who will serve in this capacity:	First Name:		
	Last Name:		
	Phone Number:		
	Email Address:		
Organization Type (Check as many as apply)		<i>*Former REMS/EMHE Grantees, please indicate the year of your award:</i>	
<input type="checkbox"/>	GSEM Grantee		
<input type="checkbox"/>	EMHE/REMS Former Grantee*		
<input type="checkbox"/>	State Education Agency (SEA)		
<input type="checkbox"/>	Local Education Agency (LEA)/District		
<input type="checkbox"/>	Institution of Higher Education (IHE)		
<input type="checkbox"/>	Private School		
Other (Please specify):			

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2. Please indicate which training(s) you would like to request:				
<input type="checkbox"/>	Developing Emergency Operations Plans (EOPs) K-12 101	TtE (<i>Train-the-Educator</i>)	<input type="checkbox"/>	TtT (<i>Train-the-Trainer</i>) <input type="checkbox"/>
<input type="checkbox"/>	Developing Emergency Operations Plans (EOPs) IHE 101	TtE	<input type="checkbox"/>	TtT <input type="checkbox"/>
<input type="checkbox"/>	Earthquake Preparedness for Schools			
<input type="checkbox"/>	Resilience Strategies for Educators: Techniques for Self-Care and Peer Support	TtE	<input type="checkbox"/>	TtT <input type="checkbox"/>
<input type="checkbox"/>	Threat Assessment in Schools: Basics and Benchmarks			
3. Please rank your preference of training in descending order, and provide one preferred training date and two alternative training dates for each training requested:				
Training Requested (Order 1-5)		Training Dates: (xx/xx/xxxx)		Number of Attendees: (Refer to <i>TBR At a Glance Sheet</i>)
1.				
2.				
3.				
4.				
5.				
4. What is the format of your event? (Please note that all requested trainings must be offered as a free event and cannot be linked to another event that requires payments for entry.)				
<input type="checkbox"/>	Stand-alone Meeting	<input type="checkbox"/>	Part of a Larger Event	
5. Audience composition (Check as many as apply):				
<input type="checkbox"/>	Educators	<input type="checkbox"/>	Administrators	
<input type="checkbox"/>	Emergency Managers	<input type="checkbox"/>	First Responders	
<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	Community Partners	
6. How did you hear about this training? (Check one)				
<input type="checkbox"/>	REMS TA Center	<input type="checkbox"/>	U.S. Department of Education Website	
<input type="checkbox"/>	REMS TA Center Listserv	<input type="checkbox"/>	Other Department of Education Listserv	
<input type="checkbox"/>	Other Organization Website	<input type="checkbox"/>	Independent Conference or Event	
<input type="checkbox"/>	Previous Training Recipient	<input type="checkbox"/>	Other*	
*If other please specify:				

Please email your completed application form to info@remstacenter.org. We will review your request and follow up within three (3) business days to confirm receipt. Please note that submission of this application does not signify approval of your request. **Thank you for your interest in hosting a REMS TA Center Training by Request!**