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: ___________________

____________________________________  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:

- Aging Workforce
- Ergonomics
- Safe Patient Handling
- Multiple Intelligences
- Composting
- Cancer Risks of Environmental Chemicals
- Confine Space
- Lead Abatement Training
- Crisis & Violence Prevention
- Greener and Safer
- Occupational Stress/Wellness
- Multi-Generational Workplace
- Health and Biological Hazards
- Crisis Management
- Digester
- 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):

- [ ] Supervisors
- [ ] Union
- [ ] Private Sector Employee
- [ ] Service Workers
- [ ] Risk Managers
- [ ] Compliance Officers
- [ ] Education Professionals
- [ ] Security Officers
- [ ] 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
P. (716) 852-4191 | F. (716) 852-3802 | E. njb7@cornell.edu