

TC USE ONLY:

Date to Answer: \_\_\_\_\_

Copies to:  Trainer(s)

Approved: \_\_\_ Y \_\_\_ N

If no, why: \_\_\_\_\_

## In-Person Training Inquiry Form

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

1. Proposed date(s) of training: \_\_\_\_\_

2. Duration of training: \_\_\_\_\_ day(s) or \_\_\_\_\_ hours

3. Location of training: \_\_\_\_\_

4. Topic(s) Requested to be trained on:

\_\_\_\_\_

5. NCLC's role:     A speaker                     Trainer                     Main speaker

6. What will the type of audience be receiving the training? (Check all that apply)  
Also list the # of people to be trained according to each type:

Legal services	_____	Pro bono	_____
Anyone admitted to the bar	_____	Paralegals	_____
Housing counselors	_____	Others: _____	_____

7. What are their levels of experience:

Beginner                     Intermediate                     Advance

8. Are there limits on what types of professionals can attend? Yes \_\_\_ No \_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Funds available: \_\_\_\_\_

10. Who is the host organization(s): \_\_\_\_\_

11. Will there be other speakers/presenters involved?     Yes     No

a. If yes – who: \_\_\_\_\_

b. Any local groups: \_\_\_\_\_

12. AOA/ACL Questions

a. Are you AOA/ACL funded?                   \_\_ Yes           \_\_ No

If yes, which AOA/ACL Priority Organization(s):

1. Receives Older Americans Act Title III-B funding
2. Is part of an Aging and Disability Resource Center or similar program
3. Is part of a Model Approaches to Legal Services Development project
4. Operates a legal hotline or senior legal hotline
5. Is part of a SHIP program (Health Insurance information and assistance program; some states use a different name)
6. Receives LSC Funding
7. Other \_\_\_\_\_

b. Is this in an AOA/ACL Priority State:                   \_\_ Yes           \_\_ No

If no, can an elder group co-sponsor? \_\_\_\_\_

13. Have we done a training for you before?                   \_\_ Yes           \_\_ No

a. If yes, which one: \_\_\_\_\_

b. When: \_\_\_\_\_

14. Are you going to be offering CLE credits?

a. If yes, what materials do you need: \_\_\_\_\_

b. What date do you need them by: \_\_\_\_\_

15. Anything else we should know:

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

16. How did you hear about the National Consumer Law Center?

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

All training requests should be submitted to NCLC's Manager of Events and  
Trainings at [training@nclc.org](mailto:training@nclc.org)