

Training Request Form

LGBTQIA Safe Zone Hub - MB-10

For questions contact Collin Dwarzski at Cdwarzski@lagcc.cuny.edu

Please note requests should be submitted at least 3 weeks in advance.

Information of Requesting Individual(s)

Name		Date	
Department		Email/ Ext.	

Training Session Information

Date of Training Please list three options.		Time of Training Please list two options.	
Location of Training		Do you have a preference in facilitators? If so, please share.	
How many people do you expect to attend this training?		Which workshop are you interested in? Safe Zone (4 hr) Ally Training (2 hr) Mandatory (2 hr)	
Who is this training for? (i.e. Dept., Club) Please provide us with any relevant information about the target audience.			
How will you promote this training? How have you promoted this training?			

Comments and Approval

Is there any other information you think we should know about your requested workshop or training?

PLEASE NOTE:

If you would like a list of trainers please contact Collin Dwarzski at cdwarzski@lagcc.cuny.edu or visit www.laguardia.edu/safezonehub.

To participate in a Safe Zone training you must have a basic understanding LGBT identities and experiences. Please feel free to contact Collin Dwarzski if you would like some advice on which session is best for your group.

Requester Signature		LGBTQIA Safe Zone Hub Staff Signature	
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