



WIOA Training Request

Complete and submit this request at least 30 days prior to your desired training date. Email requests to wioa@vccs.edu

1) Select LWDA Number & Name

- | | |
|---|---|
| <input type="radio"/> 01 Southwestern Virginia | <input type="radio"/> 08 South Central |
| <input type="radio"/> 02 New River Mt. Rogers | <input type="radio"/> 09 Capital Region Workforce Partnership |
| <input type="radio"/> 03 Western Virginia | <input type="radio"/> 10 West Piedmont |
| <input type="radio"/> 04 Shenandoah Valley | <input type="radio"/> 11 Northern Virginia |
| <input type="radio"/> 05 Crater Region | <input type="radio"/> 12 Alexandria Arlington |
| <input type="radio"/> 06 Piedmont Workforce Network | <input type="radio"/> 13 Bay Consortium |
| <input type="radio"/> 07 Region 2000 Central Virginia | <input type="radio"/> 14 Hampton Roads |
| <input type="radio"/> 08 South Central | <input type="radio"/> Community College |
| <input type="radio"/> 09 Capital Region Workforce Partnership | |

2) Requester Name _____

3) Requester email address _____

4) Requester phone number _____

5) Alt. contact name – optional _____

6) Alt. contact email address – optional _____

7) Alt. contact phone number – optional _____

8) Desired training begin & end dates – may be same day

9) In person or virtual training?

- In Person Virtual

For Items 9 and 10, you may select the desired topic(s) from VaWC, WIOA Programs or both

10) Select VaWC Related Topics if needed

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> VaWC-Specific Functions | <input type="checkbox"/> VaWC Reports | <input type="checkbox"/> VaWC Data Entry for WDB |
| <input type="checkbox"/> VaWC Data Entry for CRS/Eligible Training Provider | | Performance |
| <input type="checkbox"/> Other (please specify) | | <input type="checkbox"/> Special Grants |

If you selected other, please specify _____



11) Select WIOA Program Topics if needed (be specific, cannot just tell us everything ex. performance, eligibility, specific VWL, etc.)

- Performance
- Local Monitoring
- Business Solutions
- Adult Program
- Dislocated Worker Program
- Youth Program Elements
- One-Stop Operations
- Program Eligibility
- Virginia Career Works Referral Portal
- Other (please specify)

If you selected other, please specify _____

12) Admin/Fiscal Training (CEO Training, New Director Training, Local Board Training, General administrative, and fiscal training)

Please outline specific concerns to be addressed

13) Select audience staff type

- LWDA Management
- Supervisor
- Case Manager
- Mixed
- One-Stop Management
- Other (please specify)

If you selected other, please specify _____

14) Select audience experience level

- New Staff
- Existing Staff
- Mixed

15) Select audience WIOA program affiliation

- Adult/Dislocated Worker
- Special Programs
- Youth
- Mixed

Additional comments _____

16) Enter anticipated number of attendees (Two Digit Maximum) _____

17) Is this training part of another meeting or entirely focused on the items requested in Items 9 and 10?

- Entire training
- Agenda item of another event.

Note: Please submit meeting agenda within seven working days of this request



Facilities Info

18) Enter training location - specify street address, building, room number, etc.

19) Select room type

Conference Room

Computer Lab

Other (please specify)

If you selected other, please specify _____

20) Is a speakers' table available? Yes No

21) Are power outlets located near speakers' table? Yes No

22) Is web access available in room where training will occur? Yes No
 Not required

23) Is projection equipment available - LCD projector, screen, etc.? Yes No

24) Is sound projection equipment available? Yes No Not required

Thank you for your training request. A staff member will contact you within seven to ten business days.

Office use only

Person assigned to training:

Training Completed Date:

Attendance Record:

AWS WIOA Training Request

Attendees for Requested Training-Please place name and contact information for all participants who will be participating in the training as part of this submission

Name

Email Address⁴

Sign-In⁵

⁴ Optional

⁵ For training day use; this form will be printed and used for sign-in at training.