

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 (if different from above)			
Address 1:			
Address 2:			
City:			
State:		Zip Code:	
Training Location (if different from above)			
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/EME Grantees, please indicate the year of your award:</i>	
<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"/> Institute 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:

- Developing Emergency Operations Plans (EOPs) K-12 101 Training
- Developing Emergency Operations Plans (EOPs) IHE 101 Training
- Adult Sexual Misconduct in Schools: Prevention and Management
- Resilience Strategies for Educators: Techniques for Self-Care and Peer Support ToE ToT
- Threat Assessment in Schools: Basics and Benchmarks

3. Please rank your preference of training in descending order, and provide three training dates for each:

Training Requested (Order 1-5)	Training Dates: (xx.xx.xxxx)			Number of Attendees: (Refer to TBR At a Glance Sheet)
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)

- Stand-alone Meeting Part of a Larger Event

5. Audience composition (Check as many as apply):

- Educators Administrators
- Emergency Managers First Responders
- Law Enforcement Community Partners
- Other: _____ Other: _____

6. How did you hear about this training? (Check one)

- REMS TA Center Website U.S. Department of Education Website
- REMS TA Center Listserv U.S. Department of Education Listserv
- Other Organization Website Independent Conference or Event
- Previous Training Recipient Other: _____

Please email your completed application form to info@remstacenter.org. We will review your request and follow up within three 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!**