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| Macintosh HD:Users:anhta:Desktop:Final Logo Files:T2_logo_final_color.jpg | Trauma Transformed (T2): East Bay Agency for Children |

# Trauma Training Request Form

## Requester Information

|  |  |
| --- | --- |
| Name of requester: |  |
| Contact number: |  |
| Organization/Agency: |  |
| Address: |  |
| Number of Trainings: |  |
| Size of Each Training: |  |
| Venue / Capacity: |  |

Please indicate which AV equipment you can provide:  **Projector  Laptop**

**Speakers Converters / Cables**

Training Type:

|  |  |
| --- | --- |
| **Healing Organizations Trauma Informed Systems (TIS) 101** | **TIAA (Trauma Informed Agency Assessment) Technical Assistance (TA)** |
| **Youth and Family Leadership Engagement** | **TIS 101 Leadership Engagement** |
| **Other:** |  |

Purpose of the training:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Anticipated training date range: |  |  | to |  |
| Anticipated content areas: | Early Childhood  Child Welfare  Education  Juvenile Justice  Spanish | | | |

|  |  |
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| **Primary Care  Others:** |  |

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| --- |
| *You must submit requests for trainings to Francesca Osuna Regional TIS Implementation and Evaluation Coordinator****: francesca.osuna@ebac.org****. We will contact you within 72 hours regarding your request or inquiry for further consultation.* |

|  |  |
| --- | --- |
|  |  |
| Employee Signature | Date |

## Response Accountability

|  |  |  |
| --- | --- | --- |
|  |  | Received on/by: |
|  |  | Responded on/by: |