



## WIOA Training Request

**Complete and submit this request at least 30 days prior to your desired training date. Email requests to [wioa@vccs.edu](mailto:wioa@vccs.edu)**

**1) Select LWDA Number & Name**

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

**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**

- VaWC-Specific Functions
- VaWC Reports
- VaWC Data Entry for CRS/Eligible Training Provider
- Other (please specify) \_\_\_\_\_
- VaWC Data Entry for WDB
- Performance
- 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.)**

<input type="checkbox"/> Performance	<input type="checkbox"/> One-Stop Operations
<input type="checkbox"/> Local Monitoring	<input type="checkbox"/> Program Eligibility
<input type="checkbox"/> Business Solutions	<input type="checkbox"/> Virginia Career Works Referral Portal
<input type="checkbox"/> Adult Program	
<input type="checkbox"/> Dislocated Worker Program	
<input type="checkbox"/> Youth Program Elements	<input type="checkbox"/> 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**

<input type="radio"/> LWDA Management	<input type="radio"/> Mixed
<input type="radio"/> Supervisor	<input type="radio"/> One-Stop Management
<input type="radio"/> Case Manager	<input type="radio"/> 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.**

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**19) Select room type**

Conference Room       Computer Lab       Other (please specify)

If you selected other, please specify \_\_\_\_\_

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**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 Address<sup>4</sup>

Sign-In<sup>5</sup>

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<sup>4</sup> Optional

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