

## Training and Education Request Form

Any student club/organization, academic department, administrative unit, or auxiliary unit at Cal Poly Pomona may submit a request to hold a training or workshop regarding sexual violence prevention, intervention or response. These sessions are provided at no charge to Cal Poly Pomona affiliates.

**What type of training are you interested in? Please check all that apply.**

- Title IX/Sexual Misconduct Training
- Discrimination, Harassment, and Retaliation Training
- Sexual Violence Prevention Education
- Not Sure: \_\_\_\_\_

**Who is the audience of the training? Please check all that apply.**

- Undergraduate students
- Graduate Students
- Student organization leaders/members
- Student employees
- Faculty
- Staff
- MPPs
- Alumni
- Other: \_\_\_\_\_

**Please provide an approximate expected number of attendees:**

- Individual (1)
- Small group (2 to 10)
- Medium group (10 to 20)
- Large group (20 to 40)
- Larger group (40 to 60)
- More than 60: \_\_\_\_\_

**What training/education objectives would you like emphasized, and/or requests for specific content to be covered? Please check all that apply.**

- Affirmative consent
- Sexual harassment in the workplace/internships
- Reporting Obligations
- Not sure
- No specific requests
- Other:

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**Please provide two proposed dates and times for the training/workshop:**

First day choice: \_\_\_\_\_

First time choice: \_\_\_\_\_

Second time choice: \_\_\_\_\_

Second day choice: \_\_\_\_\_

First time choice: \_\_\_\_\_

Second time choice: \_\_\_\_\_

**Approximately how long do you plan for the training/workshop to be?**

- 30 minutes
- 1 hour
- 2 hours

**Please provide the proposed location of the training/workshop:**

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**Please provide information on the technology available at the training/workshop location:**

- Presenter needs to bring laptop to connect
- Presenter only needs a USB drive to present
- Other notes: \_\_\_\_\_

**Please provide the information of the person that will be the primary contact during the training/workshop:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_