

Harassment Prevention Program (HPP) TRAINING REQUEST INTAKE FORM

Originator Name:

Address:

Job Title:

City:

VA/ORM Office:

Telephone:

Please submit completed form to: Charles.jones1d3f76@va.gov

1. Purpose: (What precipitated your request?)

2. What outcome(s) are desired from this initiative?

3. Who is/are the Targeted audience(s) needed to achieve your desired outcomes?

4. List knowledge, skills, abilities and/or attitudes you want participants to gain as the result of this initiative and show how these KSAs will help you achieve your desired outcomes.

5. What is/are the estimated size(s) of the audience(s)?

6. Is audience participation voluntary or mandatory?

7. What is the desired modality? Please place a Check (✓) in the appropriate space.

a. Face-to-Face (ILT- Instructor-Led Training/Classroom)

b. Virtual (vILT – Virtual Instructor-Led Training)

• **Adobe Connect**

Other:

• **MS Teams**

8. Is there a requested delivery date (RDD)? Yes No

RDD: _____ Time allotted: _____

