



T² Trauma Transformed: Santa Clara County

Trauma Training Request Form

Requester Information

Name of requester: _____

Contact number: _____

Organization/Agency: _____

Email: _____

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

Primary Care Others: _____