

TRAINING REQUEST FORM

Please take a moment to complete the Training Request Form.

Thank you for your interest in training with the PTI Academy at Siemens!

Date of Request: / /				
Primary Contact Person				
First and Last Name:				
				
Job Title:				
Company Name:				
E-mail:				
Work Phone: ()				
Which training service are you interested in?				
Please check all that apply:				
A. On Demand Course/s				
B. Alternative to a Scheduled Course				
C. TNA (Training Needs Assessment)				
D. Training Program				
E. Workshop				
If you checked either A or B above, please indicate the delivery method you are interested in:				
Please check all that apply:				
Multi Company – Classroom				
Multi Company – Webcast				

	Single Company – Classroom				
	Single Company – Webcast				
	Host – Classroom				
Please note, for Multi-Company delivery methods, your request will be held in a database and you will be notified once sufficient interest is obtained.					
RTO/ Nort locat deliv learn	ti Company – students from different ISO///Utilities all come together to one of our h America (USA and Canada) training cions or connect online via a live webcast ery. This method provides the medium to h with others, which is the fast way to elop new skills and ideas.	Single Company — onsite and customized training services just for students at one company. This type of training can be customized to suit the specifics of that company and reduces time away from the office with the instructor traveling to the site or online via a live webcast delivery	Host (Classroom Only) – your company provides the training location, catering, and your company receives significant discounts in return. The course is then opened to other companies to join the training.		
Cou	urse Name/s (from catalogue)				
If you checked option C above, please answer the questions below: 1. Which departments would you like to be surveyed (i.e. planning, operations etc)?					
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or online via a live webcast delivery

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If you checked option E above, please answer the questions below: 1. Which study would you like the workshop training to be conducted for? 2. What is the desired length of the workshop training? _____ Please answer the following general questions that apply: 1. Where would you like this training to be delivered (exact address of training room/facility)? City, State, and Country: 2. What is the preferred timeframe for delivery of this training/service? (e.g., "in 8-10 weeks" or "summer 20**") 3. What is the number of students for this training? 4. Which department/s are the students attending from (i.e. planning, operations etc)? 5. Please describe the need for this training course/service and how it will benefit your company and participating students: 6. How did you hear about The PTI Academy? ______ 7. Please let us know of additional comments, concerns, or questions in the space below:

The PTI Academy staff will follow up with you within 1-2 days to determine how best to meet your training needs.

Please email your completed training course request form to: pti-academy.us@siemens.com

Please save a copy of this completed training request form for your records.