

**Train-the-Trainer Program at UWM
 Ergonomic and Safety Hazard Prevention in Green Energy Power Generation Sector**

Select date : March 28th-29th, 2017 or April 27th-28th, 2017

APPLICATION FORM

Contact Information

Name				
Company/Employer				
Street Address				
City		State		Zip code
Work Phone				
Mobile Phone				
E-Mail Address				

Program Information

The materials for the "**Train-the-Trainer Program for Ergonomic and Safety Hazard Prevention in Green Energy Power-Generation Sector**" were produced under grant number SH-29664-16-60-F-55 from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

PART I: TRAINER BACKGROUND

Please note: Completion of the following sections provides us with information necessary to tailor the train-the-trainer program to each potential trainer. A potential trainer lacking background or expertise in the following sections does not necessarily exclude them from participating in the train-the-trainer program.

Work Experience

Please list your work experience (up to 3 positions) starting with the most recent position.

Start Date	End Date	Employer Name, City, State	Title	% of job responsibilities Safety & Health
				%
				%
				%

How many years of experience do you have as a trainer?

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 11-15 years
<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 16-20 years
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> More than 20 years

Do you personally deliver training? YES NO

If yes, please indicate which of the following topics you train:

<input type="checkbox"/> Ergonomics
<input type="checkbox"/> Safety
<input type="checkbox"/> Industrial Hygiene

Applicant name: _____

Educational Background

Please list your highest level of education obtained first.

Start Date	End Date	Degree awarded	Institution

Certifications, Licenses, and Memberships

Indicate any related to Green Energy Utilities and/or contractors, Safety and Health or Training.

1.		3.	
2.		4.	

Have you received training in Ergonomics within the last 2 years? Yes No

Training Received

Please list any training you have received in the past 2 years.

Date(s)	Hours	Course title	Organization	Location (City, State)

Have you performed any training in Ergonomics within the last 2 years? Yes No

Training Conducted

Please list any training you have performed in the past 2 years.

Date(s)	Hours	Course title	Number of participants trained

Applicant name: _____

Additional Qualifications

Provide any additional information not specified above.

How did you find out about this program?

Professional meeting or conference Co-worker or colleague CARGI team member

LinkedIN CARGI Website Other, please specify: _____

PART II: FACILITY INFORMATION

Please note: Completion of the following sections provides us with information necessary to determine your facility needs and does not necessarily exclude them from participating in the train-the-trainer program.

Company/Employer Information

The training program is intended to benefit employees in green energy power generation utilities and/or contractors.

Sources of green energy generation available at your company (check all that apply)	<input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Biofuel
Which sectors would you be interested in being covered at the training (check all that apply)	<input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Biofuel
Potential number of trainees:	<i>Total number of green power generation employees and/or contractors</i>
Does your facility require additional resources to conduct the training in Spanish?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Availability of training resources (check all that apply)	<input type="checkbox"/> Conference/training room <input type="checkbox"/> Computer <input type="checkbox"/> Projector <input type="checkbox"/> Projector screen or similar

PC Availability and Experience

Indicate your **access** and **experience level** for each:

Microsoft Power Point	<input type="checkbox"/> Available	<input type="checkbox"/> None <input type="checkbox"/> Beginner/Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced/Expert
Internet (Internet explorer, Firefox, etc)	<input type="checkbox"/> Available	<input type="checkbox"/> None <input type="checkbox"/> Beginner/Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced/Expert
Video software (Media Player, QuickTime, etc)	<input type="checkbox"/> Available	<input type="checkbox"/> None <input type="checkbox"/> Beginner/Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced/Expert
Adobe Acrobat Reader	<input type="checkbox"/> Available	<input type="checkbox"/> None <input type="checkbox"/> Beginner/Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced/Expert

Applicant name: _____

PART III: TRAINER AGREEMENT AND POLICY

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

After successful completion of the train-the-trainer module, I understand that I will be required to train at least twenty (20) utility employees and/or contractors within a six month time period.

Print Name	Signature	Date

Mailing Information

Email, mail or fax the completed form no later than ***March 14, 2017*** for priority consideration to:

Attn: Dr. Naira Campbell-Kyureghyan
Train-the-Trainer Program
University of Wisconsin-Milwaukee
USR Building, Room 201 P
115 E Reindl Way, Glendale, WI 53212
Phone 414.229.4550 | Fax 414.229. 6814 | cargi@uwm.edu

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the ***TRAIN-THE-TRAINER PROGRAM FOR ERGONOMIC AND SAFETY HAZARD PREVENTION IN GREEN ENERGY POWER-GENERATION SECTOR.***