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New Jersey Department of Human Services

Division of Deaf and Hard of Hearing

**Training Request Form**

Submit request to DDHH.communications2@dhs.nj.gov or fax to 609-558-2528

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| Organization: | City: |
| Name of Contact Person: | Title: |
| Phone Number: | Email Address: |

Training Requested:

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| * Deaf and Hard of Hearing Sensitivity Training
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| * Assistive Listening Devices
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| * Language Acquisition & Development Services ages 0-5
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| * Overview of Programs and Services
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Date, time, and location of training – please submit at least 4 -6 weeks prior to requested date for training:

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| --- |
| Number of participants: |
| Date: |
| Time:  |
| Location *(Virtual or In Person)*:  |

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| DHS/DDHH Use OnlyDate Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Scheduled For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Communication Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved by Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |