



Request for COVA Training

Please fax this sheet to the COVA Trainer at 303-861-1265.

Agency in Need of Training: _____

Contact Person: _____

Phone _(_____)_____ Fax _(_____)_____

Mailing Address: _____

City: _____ Zip Code: _____

Email _____ (please print clearly)

Possible Dates & Times _____
(You will receive an email or fax confirming your training dates.)

Type of Training: VRA Vicarious Trauma Cultural Considerations* Privilege Other

of attendees _____

Attendees mostly from (type of agency) _____
(law enforcement, non-profit, mental health, etc)

** Is this training open to other agencies? Yes No

** Should this training be listed in the COVA Newsletter and/or on the COVA Web Site? Yes No

*Has your agency received Cultural Considerations training in the past? Yes/No Month/Year: _____

Who was the trainer? _____

Physical address of training location and directions to the location: (Please fax map & directions to 303-861-1265.)

Additional Information (please include any amenities available i.e. coffee, flipcharts, whiteboards, projector, etc.):

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~ ~ ~ ~ ~ For Office Use Only ~ ~ ~ ~ ~

COVA Member? Yes No Membership # _____ Comments: _____

Training Confirmed Yes No Date of Training _____ # Attendees _____

Type of Training _____ Directions Received Yes No