

Training Services and/or Customized Facilitation Request Form

The Center for Achievement in Public Service (CAPS) supports the leaders and managers of Vermont State Government in their efforts to attract and retain an engaged, high performing workforce. We offer a variety of services to help state agencies/departments assess their professional development needs in leadership skills, team development, communication techniques and facilitate meetings to identify trainings and/or help identify appropriate external resources to deliver customized training. We also support the work of supervisors and managers in applying the skills they learn in supervisory and management training through coaching and team-building services. Please contact us at DHR.Services@vermont.gov to inquire about what services may be most beneficial for your agency/department.

Instructions: Please complete this form and click on the “submit” button. This will open an email in Outlook to send the form to the CAPS DHR.Services@vermont.gov group email address. Add any additional information in the body of the email and click “send”. Once the form is received, a member of the CAPS teams will contact you.

CONTACT INFORMATION:

Name (Manager initiating this request): Position Title:

Agency/Department/Division of Organization:

E-mail: Phone: Date of Request:

Address:

REQUEST INFORMATION/DETAILS:

Desired delivery date(s): Preferred Duration (Days/Hours):

Estimated number of participants: Preferred Locations:

Nature of the group being served (level in organization, type of work being done by group)

Please indicate the type of service(s) requested:

Leadership Skills

Communication Techniques

Team Development

Strength-based Team Development

Facilitate Meetings

Communication and/or Conflict Management

Needs Assessment

Team development for leaders/managers/supervisors/work unit/worksites (i.e., communication, conflict management, morale and motivation, professional conduct/standards, managing change, etc.)

StrengthsFinder® Assessments (Note: Additional costs may be associated with assessments)

Other, please describe:

What has prompted you to make this request?

What outcome(s) / organizational benefit(s) do you hope to achieve?

Who is your HR Representative, and have you engaged him/her in any capacity to assist you with this request?

HR Representative's Name: No Yes

If yes, what activities have occurred to date?

Other information or comments regarding this request:

Have you used CAPS customized services in the past?

No Yes If yes, what services were used?

How did you hear about CAPS?

Roles, Responsibilities and Expectations for service(s) requested:

Agency/Department Name:

Will:

DHR – CAPS will:

This agreement will terminate: _____

By signing below, both parties agree to the terms and conditions of this Service Agreement:

STATE OF VERMONT:

DEPARTMENT OF HUMAN RESOURCES

BY: _____

Aditeei Lagu, DHR – CAPS Director

DATE: _____

STATE OF VERMONT:

BY: _____

DATE: _____