



Family Service of the Chautauqua Region
332 East Fourth Street, Jamestown, NY 14701 (716) 488-1971 fax (716) 483-6878
Email: EAP@familyservicechq.org

EAP Training Request

Please complete the top portion of this form and return to Family Service EAP to request presentations.

Date: _____

Name of person requesting training: _____ Phone#: _____

Company Name: _____

Contact person (if different): _____ Phone#: _____

Training Topic: _____

Specifics or current situations: _____

Location and directions: _____

Number of presentations requested: _____ Number of participants per training: _____

Tentative dates/times: _____, _____, or _____

Our facility has available for use:

☐ Projector

☐ Computer

☐ Microphone

☐ DVD Player

☐ Display Screen

☐ Speakers/Sound

Signature: _____ Date: _____

Confirmation of EAP Training

(To be completed by EAP)

Date(s) scheduled: _____ Time(s): _____

Other: _____

Company Signature: _____ Date: _____

EAP Representative Signature: _____ Date: _____