



# IAFF Peer Support Training Request (In Person)

Please complete this form to request the IAFF Peer Support Training. This form must be signed by the president of an IAFF affiliate. Email the completed form to [behavioralhealth@iaff.org](mailto:behavioralhealth@iaff.org).

<b>Entity requesting the training</b>			
Entity name:		IAFF Local #:	
<b>Designate a point of contact to be responsible for all logistics and coordination with the IAFF.</b>			
First name:	Last name:	Title:	
Phone:	Email:	Org:	
<b>Payment Information: What entity (ex: Local, Municipality) will pay for the training?</b>			
Entity name:	Last name:	City:	
Address Line 1:		State/Province:	
Address Line 2:		Zip Code:	
<b>Training Date: The IAFF Peer Support Training is a 16-hour training over two consecutive weekdays. After returning this form, a contract for training will be drafted and returned to the designated point of contact. When the contract is returned to the IAFF fully executed, a training coordinator will work with the entity to schedule the training on mutually agreed upon dates. Scheduled training dates will be a minimum of 10 weeks after the fully executed contract receipt to allow adequate time for logistics and payment.</b>			
<b>Choose a training time:</b>			
<input type="radio"/> 8:00 a.m. - 4:00 p.m. <input type="radio"/> 8:30 a.m. - 4:30 p.m. <input type="radio"/> 9:00 a.m. - 5:00 p.m. <input type="radio"/> Other:			
<b>The training will take place at the following address (if exact address has not been determined, write the city and state/province):</b>			
Location name:		City:	
Address Line 1:		State/Province:	
Address Line 2:		Zip Code:	
<b>The host training facility is required to have the following A/V setup: a computer with a minimum of two USB ports, LCD projector, and external speakers. (If the facility is unable to meet AV requirements, the IAFF will provide the AV set up for an additional fee.)</b>			
<input type="radio"/> We will provide A/V equipment <input type="radio"/> We are requesting A/V equipment (\$500 fee)			
<b>To whom should materials be shipped prior to the training?</b>		<b>Type of Address:</b>	
Name:	City:	<input type="radio"/> Hotel	<input type="radio"/> Residential
Email:	State/Province:	<input type="radio"/> Municipal	<input type="radio"/> Business
Street Address:	Zip Code:		

IAFF Affiliate President Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_