

Please Print:

Full Name: _____ Date of Birth: _____

Phone #: _____ Counselor Name: _____

Name of desired training: _____

Total hours of training: _____ Start date: _____ End date: _____

Using <http://mn.gov/deed/cee>, review the eligible training providers and answer the following:

For what occupation do you need this training? _____

What is the current demand: _____ 10 Year Growth Rate: _____%

Exact Costs:

School/Vendor Information:

Tuition \$ _____

School Name: _____

Fees \$ _____

Address: _____

Books \$ _____

School Contact Name: _____

TOTAL \$ _____

Contact Phone #: _____ Fax # _____

Attach a description of the proposed training and a breakdown of costs.

Explain below how this training will improve your marketability:

✓ **I will give my Counselor a copy of my certificate within 2 weeks of completing this training.**

Release to share information with the training site

I, (name of individual) _____, give my consent to allow Anoka County Job Training Center and the above School/Vendor to release data or have ongoing shared communication about my school records, academic progress, test results, tuition, fees, books, credential and employment verification.

I understand the Minnesota Government Data Practices Act and other laws require this data to remain private and cannot be released without my consent, except as provided by law. I understand why I am asked for this information. With my consent, this information could be shared with agencies and businesses that may not be covered by these laws. They could share this information with others. I was told of my right to refuse to release this data. I understand that if I refuse to release it, the information will not be released unless the law otherwise allows its release. If I do not release information, services may not be available, or I may not receive all appropriate services. If I consent, this information will be used to arrange or provide services. My consent will expire one year from the date of my signature. A photocopy of this consent may be treated in the same manner as the original. I may cancel this consent by written request to Anoka County Human Services, Attn: (Counselor Name) _____, Anoka County Job Training Center, 1201 89th Avenue NE Ste 235, Blaine, MN 55434.

Signature

Date

Counselor Use Only

- Training is needed to obtain employment leading to economic self-sufficiency or comparable wages.
- Individual has the skills and qualifications to participate successfully in training.
- Training aligns with employment opportunities in area & assessment results (or it is justified in case notes).

Counselor Approved - Signature & Date _____

(A decision regarding approval/denial is typically made within 48 hours of receipt of a proposal.)

Equal opportunity employer and service provider.

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