

# Training Proposal - Short Term

Anoka County Dislocated Worker Program

**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:**

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✓ **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 that the Minnesota Government Data Practices Act and other laws require that this data remain private. This data cannot be released without my consent except as provided by law. I understand why I am being 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 information 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 in arranging or providing 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's 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.*