



MBTI® Facilitators Exchange Request Form

Thank you for your interest in the Myers-Briggs Type Indicator® (MBTI®) Assessment training program. A member of GOER's MBTI® Facilitators Exchange will deliver this assessment to assist agencies in developing the skills of their workforce as they relate to personal style preferences and the workplace.

Follow the steps listed below to request training. Requests should be made a minimum of eight weeks prior to the event, so please plan accordingly. *Please read the entire document prior to requesting training to ensure that you can fulfill all of the requirements.*

Agency Information

Agency: _____

Facility: _____

Date of request: _____

Contact person: _____

Title: _____

Work number: _____

Email address: _____

Purpose and goal of training:

Type of Training Requested: Half-day Basic _____ Full-day MBTI + Temperaments _____

Preferred time frame/date(s): _____

Location of training (provide complete address including city and facility, if applicable):

Please describe the training room and available A/V equipment: _____

What, specifically, will your agency do to use the results of this training to further staff development?

Estimated number of employees attending the session (minimum required: 12-15; maximum 40, with two facilitators necessary): _____

What is the make-up of the audience? (e.g., managers, non-supervisory staff, senior staff, bargaining units, etc.)

AGENCY TRAINING ANNOUNCEMENT

When preparing agency training announcements about this course, agencies may want to refer to the [link] Myers-Briggs Type Indicator® (MBTI®) course description provided on GOER's website.

COURSE PREREQUISITE

Participants must complete an MBTI assessment instrument in order to attend this training. **Three weeks prior to the training**, the agency contact person must provide email addresses for all participants to GOER's MBTI® Program Assistant so that the participants can be emailed the information necessary for them to complete the assessment.

AGENCY REIMBURSEMENT TO GOER

Fiscal Contact

Your agency must be willing to reimburse GOER for the cost of the materials through the Journal Voucher payment process.

Name: _____

Title: _____

Work Number: _____

Email Address: _____

AGENCY SIGN-OFF

Authorized Requestor of Training Session

Name: _____

Title: _____

(Agency senior level executive, Human Resources Director, or Training Director)

Signature of Requestor: _____

Work Number: _____

Email Address: _____

Note: If this training request is being made by other than the Director of Training, please make sure that individual receives a copy of this request.

Please complete the form electronically and email to Deborah Seeley, Program Manager, at deborah.seeley@goer.ny.gov. Once approved, GOER contact information will be provided.

Thank you for your interest in this training program.

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