

Type in the date]

Instructor/Trainer Application

Applicant Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: ()

E-mail Address:

Have you ever worked for Long Beach City

College? YES NO

If yes, when?

Education

College/Institution Name Attended:

Degree::

Training Experience

Institution name where you delivered training:

Audience:

How many times have you trained on this topic:

May we contact for a reference? YES NO

Institution name where you delivered training:

Audience:

How many times have you trained on this topic:

May we contact for a reference? YES NO

Institution name where you delivered training:

Audience:

How many times have you trained on this topic:

May we contact for a reference? YES NO

Please state briefly why you are interested in training at the Center for Training and Professional Development at Long Beach City College.

Type your response here:

Certificates/Experience Provide a clear list of certificates, accomplishments and experience that may demonstrate your area of expertise

Type your response here:

Interactive Approaches used to enhance training and understanding of topic: Provide one clear example of an interactive approach you used during training

Type your response here:



References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Please attach a copy of your resume and completed Course Proposal Checklist

Mail completed form to: Attention: Greta Rice
Long Beach City College
Center for Training and Professional Development
4901 East Carson Street, G-16
Long Beach, CA 90808
Or Email to: gprice@lbcc.edu
Fax: 562-938-5060

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. This application is being submitted for consideration to offer the proposed training workshop through the Center for Training and Professional Development at Long Beach City College (LBCC). Should this application be accepted, I understand that there are additional terms and requirements for presenting training workshops, and that my agreement to the terms and requirements is necessary prior to final approval and acceptance as a workshop Presenter by LBCC.

Signature: _____ Date: _____



COURSE PROPOSAL CHECKLIST

**Proposed
Course Title:**

Course Topics: (Please list the training course topics)

Type your response here:

What will participants learn?

Type your response here:

How is this Course Taught? (e.g.50% lecture/50% Individual/Team Exercises, real work experience, etc.)

Type your response here:

Materials/Supplies: (handouts/textbooks/references used in the course)

Type your response here:

Total Training Hours?

Type your response here:

Who is the Target Audience? What industries is your Training applicable to?

Type your response here:

Preferred Class size?

Type your response
here:

How would you market your training?

Type your response here:

