

GROUP TRAINING REQUEST FORM

Date: _____

Production Name: _____

Address: _____

Set/Studio Address: _____

Contact Name: _____

Role: _____

Email: _____

Phone #: _____

Point of Payment: Production Union Other (TBD)

Production's Availability: _____

COURSE	# PART.	ONSITE	LEAVITT SITE	BLENDED (online theory + practical)	CLASSROOM (classroom theory + practical)

Please email this form to info@actsafe.ca. We will contact you within 2 business days.

NEXT STEPS

The next steps will require you to provide us with:

- 1) Experience level* of each participant
 - *EXPERIENCED* = 40hrs or more operating the machine
 - *INEXPERIENCED* = less than 40hrs operating the machine
- 2) Each participant's first and last name, email address, phone number, union (if applicable), and department

*Required to determine what number of training days will be necessary to train your group.