



Training Request Form

Alberta Emergency Management Agency

Date of Request	
Trainer(s) – Indicate Lead	

Indicate if this is to be posted on AEMA's Public Training Calendar (website) YES NO

Request (This section is to be completed by the Lead Instructor)	
Name	
Municipality	
AEMA Course Name	
In-Class or Video Delivery	
Course Date(s)	
Start / End Time	
Contact Name	
Title / Position	
Phone Number	
Email Address	
Facility Name	
Facility Address	
Organization	
Est. # of Attendees	
Additional Notes	

Completion (This section is to be completed by AEMA Training)	
Course #	
Entered in Calendar	Outlook <input type="checkbox"/> Website <input type="checkbox"/>
Actual # of Attendees (Passed)	

Last Revised: January 8, 2021