



Waisman WIN: Wellness Inclusion Nursing Program

University of Wisconsin – Madison
122 E. Olin Ave, Ste.100
Madison, WI 53713
Phone: (608) 265-9440 Fax: (608) 263-4681

Waisman WIN Training Request Form

Date: _____

Name of agency requesting training: _____

Identifying information of person completing this form: _____

Name

Title

Phone: _____

Cell: _____

Email: _____

Please select the type of assistance you need from the following list (one or more).

- Training or education to an individual consumer (*Please complete and submit a WIN Referral Form*)
- Training of personal care workers in consumer's home environment
- Short group training at agency facility
- Group training or workshop to be hosted at the Waisman Center
- Advice
- Facilitation
- Information and/or resources

Please describe the need which prompted this request. Briefly explain the situation in your agency and clearly state what you want to accomplish through this consultation.

Identifying information of agency contact person Waisman WIN nurses should communicate with regarding this training request:

Name of agency contact

Title _____ Phone: _____

Cell: _____ Email: _____

Please check if action on this referral is: Urgent (within 2 -3 days) Next week OK Within 1 month

Preferred time of day for this training to be scheduled (Monday – Friday): _____

<u>Internal Use Only</u>
<i>Date Obtained:</i>
<i>Nurse Assigned to Training:</i>
<i>Name and Date of Initial Contact:</i>
<i>Date of Scheduled Training:</i>