



**VITAL WorkLife, Inc.™
Training Consultant Application**

Thank you for your interest in applying to participate as a Training Consultant. Please return the application and supporting documents to:

VITAL WorkLife, Inc.™
1015 West St Germain, Suite 440
St Cloud, MN 56301
Phone: 800-383-1908
Fax: 320-240-1501
allison.lamp@vitalworklife.com

PLEASE COMPLETE AND ENCLOSE THE FOLLOWING INFORMATION:

- Consultant Application with ALL sections completed
- Credentialing Disclosure Statement
- W-9 form, signed and dated for each Tax Identification Number used
- Copy of current certificate of E & O Coverage (if retained)
- Copy of current, unrestricted state license(s) and certifications with legible expiration dates (If applicable)
- Current resume/curriculum vitae (CV)
- Short Bio
- Business card



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| Consultant Information | | | | |
|--|------------|---|----------------|---|
| First Name: | | Last Name: | | Practice Name: |
| Date of Birth: | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | Years in Business: |
| Years Training Exp.: | | Practice Address: | | Billing/Mailing Address (if different from practice address): |
| Phone #: | | Fax #: | | Email: |
| Website, if applicable: | | | | |
| License Type: | License #: | Date of Issue: | License State: | Expiration: |
| Availability | | | | |
| Mon <input type="checkbox"/> Times: | | Tue <input type="checkbox"/> Times: | | Wed <input type="checkbox"/> Times: |
| Thu <input type="checkbox"/> Times: | | Fri <input type="checkbox"/> Times: | | Sat <input type="checkbox"/> Times: |
| Sun <input type="checkbox"/> Times: | | | | |
| Are you able to return phone calls within 1 business day? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Are you able to offer trainings within 3 business days? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| Are you able to deliver a training within 24 hours notice? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |

TRAINING EXPERIENCE

What type(s) of **On-Site Training/Presenting** services can you provide? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Achieving Work Life Balance | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Bullying in the Workplace | <input type="checkbox"/> Compassion Fatigue |
| <input type="checkbox"/> Health-fairs | <input type="checkbox"/> Orientation to EAP Benefits |
| <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Thriving in the Wake of Change |
| <input type="checkbox"/> Staying Calm in Emotionally Charged Situations | <input type="checkbox"/> Making Intergenerational Teams Work |
| <input type="checkbox"/> Violence in the Workplace | <input type="checkbox"/> Working Effectively with Others |
| <input type="checkbox"/> Personality Assessments (eg.,MBTI, DISC, etc.) Please List <input type="text"/> | |
| <input type="checkbox"/> Other (List): <input type="text"/> | |

Attach Video Clip(s) if available

Which of the above trainings are you willing to learn:

Do you have experience in delivering virtual trainings? Y N

If so, what platforms are you familiar with?

Are you willing to travel for an engagement? Y N And if so, how far?

CONSULTING:

Do you have experience in providing On-Site Consulting Services in any of the of following:

- Conflict Management Group Conflict Leadership Teambuilding

List Other Consulting engagements you have led.

Experience

1. Describe your training experience.
2. What audience type do you have experience training? Example: teachers, doctors, nurses, leadership, civil servants, etc.
3. In terms of audience size, what is the smallest you are comfortable training to? And what is the largest?
4. Do you provide trainings in any other language? If so, what language(s)?
5. Is there anything else you would like to share about your training experience?