**Learning Solution Intake Request Form**

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| **Question** | **Open Ended Responses** |
| What is the title of this learning request? |  |
| What business result/outcome would you like to achieve?  |  |
| What should the learners be able to do after the completion of this learning solution? |  |
| What are learners doing now? Why do you think that is? |  |
| Who will use the requested learning solution? |  |
| Summarize your vision for the overall project |  |
| Please select the course delivery method:[ ]  In-Person[ ]  Virtual[ ]  Hybrid |  |
| How will you determine the success of this learning solution? |  |
| The targeted date of the requested learning solution? |  |
| Who is submitting this request should the Learning team have questions? Please include the requestor’s First and Last name. |  |
| Please include the requestor’s email address: |  |
| What is your budget? |  |

**Individual Learning Request for Internal L&D Teams**

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| **Question** | **Open Ended Responses** |
| Name |  |
| Email |  |
| Learner’s First & Last Name |  |
| Learner’s E-mail Address |  |
| Learner’s Job Title |  |
| Learner’s Job Level[ ]  Individual Contributor[ ]  Manager/Senior Manager[ ]  Director/Senior Director[ ]  Vice President+ |  |
| Learner’s Department |  |
| Learner’s Work State [ex. CA] |  |
| What business result/outcome would you like to achieve?  |  |
| What should the learners be able to do after the completion of this training? |  |
| What is the learner doing now? Why do you think that is? |  |
| Do you have a specific training course/vendor in mind?[ ]  Yes[ ]  No |  |
| Please share the course name or type “NA” if not applicable |  |
| Please share the course/vendor website or type “NA” if not applicable |  |
| Please include the course description or type “NA” if not applicable.  |  |
| Course Registration Date |  |
| Course Start Date |  |
| Course End Date |  |
| Course Expense |  |
| Please select the course delivery method:[ ]  In-Person[ ]  Virtual[ ]  Hybrid |  |
| Does this training opportunity require business travel?[ ]  Yes[ ]  No |  |
| Who is submitting this request should the Learning team have questions? Please include the requestor’s First and Last name. |  |
| Please include the requestor’s email address: |  |