



Department of Human Resources | 122 Martin Luther King Jr. Blvd. South, Dover DE 19901 | (302) 739-1990

## A USER'S GUIDE TO COMPLETING REQUESTS TO CREATE BLUE COLLAR FUNDED EVENT IN THE DELAWARE LEARNING CENTER (DLC)

A *Request to Create Blue Collar Funded Event in The Delaware Learning Center (DLC)* form will be completed and submitted by the department representative to Statewide Training and Strategic Initiatives (TSI) to add each Blue Collar Training Program (BCTP) funded training event to the DLC. The department point of contact (POC) is required to have attended the BCTP funding meeting and signed the BCTP Funding Agreement to submit this request. This form provides the information required to add the training event into the course catalog so that the targeted audience can locate and register the training. Each training initiative or course that was funded through the BCTP must have an event form submitted. Incomplete data may cause a delay in the course and possibly the loss of funding due to delay or failing to meet compliance requirements.

### FORM COMPLETION INSTRUCTIONS

#### I. **Agency Information.** All fields in this section must be completed.

- A. **Agency/Department:** Enter the name of the requestor's Agency/Department.
- B. **Division:** Enter the name of the requestor's Agency/Department making the request.
- C. **Date:** Enter the date of the request as MM/DD/YYYY.
- D. **Agency Contact Person:** Enter the name of the Agency's BCTP Funding Agreement Manager as the POC.
- E. **Email:** Enter the email address of the Agency's POC.
- F. **Telephone:** Enter the telephone number of the Agency's POC.

#### II. **Training Event Information.**

- A. **Was this training topic funded previously?** Use the drop down button (Yes or No) to indicate if this event was previously funded by the BCTP. This is a mandatory field.
- B. **If Yes, how was this training listed in the DLC?** If it was funded through the BCTP, then provide the name of the event as it was listed in the DLC so that we may use that information to update the system.
- C. **Event Name or Title to be Used within the DLC:** Enter the Title of the Event as it should be listed within the DLC so that it is accurately advertised for the registrants. If this event was funded previously, please enter the title used. This is a mandatory field.
- D. **Training Hours:** Enter the total number hours that employees will be trained, exclude time provided for meal breaks such as lunch and dinner unless they are working meal sessions. This is a mandatory field.
- E. **Agency Training Coordinator:** Enter the name of the Agency's POC responsible to manage the training event and to coordinate reservations for training seats. This is usually the BCTP event manager that can answer questions regarding this Event request, student lists, scheduling, etc. This is a mandatory field.
- F. **Email:** Enter the email address of the Agency's POC responsible to manage the training event and to coordinate reservations for training seats. This is a mandatory field.
- G. **Telephone:** Enter the telephone number of the Agency's POC responsible to manage the training event and to coordinate reservations for training seats. This is a mandatory field.

- H. **Organization or Vendor Providing Training:** Enter the name of the Organization /Vendor that will provide the training. This is the provider name that registrants will see in the DLC for this training. This is a mandatory field.
- I. **Email:** Enter the email address of the trainer. This is a mandatory field.
- J. **Telephone:** Enter the telephone number of the trainer. This is a mandatory field.
- K. **Availability to Which Employees:** Enter who should be able to search the DLC and be able to register for this training: It can be a list of names, sections, divisions, an entire department, or other groups listed in the DLC. This is a mandatory field.
- L. **Training Event Description:** Enter the complete description of the training event that employees will see in the DLC. It is important to have a complete description for the training. This is a mandatory field.
- M. **Training Objectives:** Enter the training objectives for this event that employees will see in the DLC.
- N. **Class Size:** These are mandatory fields.
  - a. **Minimum:** Enter the minimum class size for this training event.
  - b. **Maximum:** Enter the minimum class size for this training event.
- O. **Will this training be multiple days?** Use the drop down button (Yes or No) to indicate if this event will be provided on more than one day. This is a mandatory field.
- P. **If Yes; how many days?** Enter how many days this training event will last.
- Q. **Total Number of training hours excluding meal breaks:** exclude time provided for meal breaks such as lunch and dinner unless they are working meal sessions. This field will autofill and match the entry for section II, D., on page 1.
- R. **Training Subject(s):** Check the box of each subject that registrants should see in the DLC. At least one subject must be checked.
- S. **Training Cost Calculated by:** Use the drop down button (Per Employee or Flat Fee) to indicate how this event will be charged: Flat Fee or at a Per Employee rate. This is a mandatory field.
- T. **Cost of Training:** Enter the cost for the selected pricing unit. This is a mandatory field.

### **III. Statewide Training and Organizational Development Use Only.**

This section is reserved for internal use by the Statewide Training and Organizational Development division. Please do not enter any information beyond this point.

### **IV. Instructions for Submission.**

This form is to be completed in its electronic format and is not to be hand written. Once completed, the form should be saved as “BCTP Event\_AgencyACRONYM\_EventName\_FY20XX\_YYMMDD,” for Example: [BCTP Event\\_OMB\\_PhysicalPlantMaintenanceMechanic\\_FY2022\\_20210909](#)). The department’s BCTP Funding Agreement Manager (POC) will email the saved form as an attachment, along with any supporting documents, to the BCTP Administrator at [Statewide\\_Training@delaware.gov](mailto:Statewide_Training@delaware.gov).