



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 SESSION IN THE DELAWARE LEARNING CENTER (DLC)

A *Request to Create Blue Collar Funded Session in The Delaware Learning Center (DLC)* form will be completed and submitted by the department representative to the Department of Human Resources, Training and HR Solutions, to add each Blue Collar Training Program (BCTP) funded training session to the DLC. The department point of contact (POC) is required to have submitted a request to create a BCTP funded Event to submit this request. This form provides the information required to add the session into the course catalog so that the targeted audience can locate and register the training. Each iteration of a training course funded through the BCTP must have a session 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 Session Information.**

- A. **Training Event associated with this Session:** Enter the name of the training Event associated with this Session as it is advertised in the DLC. This is a mandatory field.
- B. **Name of the Session to be used within the DLC:** Enter the name of this Session as it is to be used to register attendees within the DLC. This is a mandatory field.
- C. **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.
- D. **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.
- E. **Name and address of the facility where the training will be conducted:** Enter the facility name and physical address of the training site. This is a mandatory field.
- F. **Name of the Trainer.** Enter the name of the person conducting the training. This is a mandatory field.
- G. **Email:** Enter the email address of the trainer. This is a mandatory field.
- H. **Telephone:** Enter the telephone number of the trainer. This is a mandatory field.

- I. **Special Instructions to the Students:** Enter any prerequisite training requirements and any special instructions for the students so that they will be successful in completing this course.
- J. **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. If students are not required to all dates in the session, please explain the minimal attendance requirement to obtain a completion credit in the student’s transcript. Enter this information in the Additional Comments field. This is a mandatory field.
- K. **If Yes; how many days?** Enter how many days this training event will last.
- L. **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 is a mandatory field.
- M. **Session Start Date:** Enter the date the session will begin. This is a mandatory field.
- N. **Session End date:** Enter the date the session will end. This is a mandatory field.
- O. **Day 1.** These are mandatory fields.
 - a. Enter the date of day 1 as MM/DD/YYYY.
 - b. Start Time: Enter the start time of day 1 as HH:MM
 - c. End Time: Enter the end time of day 1 as HH:MM
- P. **Days 2-10, etc.** enter the data for each date that this training session will be conducted. For example, if this iteration of the training will take four (4) days to complete, then there should be information entered into the fields for days one (1) through four (4). If the training is a single day but will be given 4 times, then a separate session form is required for each of the four dates, as they are separate iterations of a training session. If the training session has more than ten (10) dates, please include that information in the field provided for Additional Comments.
- Q. **Additional Comments:** Enter any additional information to add clarity to the session request or use this space to add information that did not fit into a previous field.

III. 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 Session_AgencyACRONYM_SessionName_FYXX_Session#_YYMMDD,” for Example: BCTP Session_OMB_PhysicalPlantMaintenanceMechanic_FY2022Session1_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.