

FACILITATOR SURVEY

PLEASE PRINT OR TYPE

Last Name*:		First Name*:	
Mailing Address*:	City*:	State*:	ZIP Code*:
Office Address (If different from mailing address):	City:	State:	ZIP Code:
Phone Number*:	Fax Number:	Gender*: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Email*:	Interested in representing ACI at Benefit/Health Fairs?* : <input type="checkbox"/> Yes <input type="checkbox"/> No	Interested in facilitating trainings via webinar?* : <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACI Specialty Benefits partners with a nationwide network of facilitators to deliver training, critical incident response services, conflict mediation and other client event services as needed.

Facilitation Experience:

<input type="checkbox"/> Anger Management	<input type="checkbox"/> Communication	<input type="checkbox"/> Conflict Management
<input type="checkbox"/> Conflict Mediation	<input type="checkbox"/> Coping with Change	<input type="checkbox"/> Coping with Difficult People
<input type="checkbox"/> Critical Incident Stress Debriefings	<input type="checkbox"/> Diversity	<input type="checkbox"/> EAP Orientation
<input type="checkbox"/> Management/Supervisory Trainings	<input type="checkbox"/> Negotiation Strategies	<input type="checkbox"/> Personalities
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Team Building	<input type="checkbox"/> Time Management	<input type="checkbox"/> Wellness/Exercise
<input type="checkbox"/> Wellness/Health	<input type="checkbox"/> Wellness/Nutrition	

What type of facilitation experience do you have?*

How would you describe your facilitation style?*

Describe a recent event where this style was used.*:

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Are you familiar with EAPs and their benefits?*

When you have facilitated events in the past, how have you learned the material, tools and information to be provided?*

Provide an example of an event you facilitated, and how you engaged the employee group.*:

What types of companies have you facilitated events for?*

What size groups have you facilitated events for?*

REFERENCES

Name:

Email:

Phone Number:

Name:

Email:

Phone Number:

By submitting this form I agree that all information I am submitting is truthful and can be used by ACI Specialty Benefits for the recruitment of trainers.

Fields marked with an asterisk (*) are required. Please upload the following on our website when submitting this form:

- W-9 (required for payment/reimbursement)
- Resumé

For your convenience, this form and ACI Trainer FAQ can be located online at www.acispecialtybenefits.com.

If you are unable to upload the required documents electronically, please fax to **858-452-7819 Attn: Training Dept**