



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:
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Name:

Email:	Phone Number:
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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

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.

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**