TRAINING REGISTRATION FORM

Name of Workshop:  

Date(s):  

Client ID#:  

Please complete this form and send to nwda.training@gov.ky or submit directly to our offices. Space is limited so book early.

Full Name:  

Client Type:  

Gender:  

☐ Male  

☐ Female  

Email:  

Postal Address: P.O. Box ___________ KY ___________  

Home Phone: ___________  

Mobile Phone: ___________  

Other: ___________  

What is your reason for wanting to take this course?  

Training courses are available to those registered as Job Seeker Extended and Job Seeker Plus with The National Workforce Development Agency.  

Registration is on a first come – first served basis.  

Certificates will only be issued to those who complete the training sessions.  

YOU WILL BE CONTACTED BY EMAIL WITH CONFIRMATION OF YOUR CLASS REGISTRATION.  

IF YOU ARE UNABLE TO ATTEND ALL CLASSES OR DECIDE TO WITHDRAW PLEASE PROVIDE ADVANCE NOTICE SO THAT ANOTHER NWDA SERVICE USER CAN TAKE ADVANTAGE OF THIS OPPORTUNITY.