

OMBUDSMAN BASIC TRAINING - REGISTRATION FORM



Date of Request:	Date of Requested Class:
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Ombudsman Information

Name	
Phone Number	
Email	

Command Point of Contact Information

Command Name		
Command UIC		
Rank/Name/Title		
Phone Number	Office:	Mobile:
Email		

Current/Former Ombudsman Information

Is the command turning over to a new ombudsman?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the case of an ombudsman turnover please name the outgoing ombudsman:		
Is the command setting up a co-ombudsman team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the case of a co-ombudsman team, please list all command ombudsmen:		

COORDINATOR USE ONLY

Confirmation from command:		
Date of in-person OBT:		
Confirmation email sent:	<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Command POC
Reminder email sent:	<input type="checkbox"/> Ombudsman	<input type="checkbox"/> Command POC
Graduation invitation sent:		<input type="checkbox"/> Command POC