

Event Application Form

Please complete the form to request use of the MPAAI Training Room, Cyber Cafe and/or Wi-Fi Patio. Be sure to attach your proposal, budget and program details with your submission, then digitally submit the application.

Section 1: Contact Information

Name of Individual/Organization:

Contact Person:

Email Address:

Phone Number:

Alternate Contact (phone/email):

Address:

Website:

Social Media Links:

Section 2: Organization Details

Type of Organization:

Non-Profit Organization

Community Group

Educational Institution

Government Agency

Private Sector

Other: _____

Organizations' Mission or Vision

Brief Description of Organization:

Section 3: Event Details

Title of Event/Webinar/Workshop:

Proposed ICT Access Centre:

**Please indicate the required locations at the ICT Access Centre for the event.
(Select all that apply):**

Training Room

Cyber Cafe

Wi-Fi Patio

Training Start and End Date: Start: _____ **End:** _____

Proposed Day(s) and Time(s):

Day	Start Time	End Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Duration of the Webinar/Workshop:

1 Hour

1.5 Hours

2 Hours

Other: _____

Target Audience (select all that apply):

Age Group: _____

Gender: _____

Education Level: _____

Professional level: _____

Income Level: _____

Other: _____

Technology Use:

Beginner

Intermediate

Advanced

Expected Number of Participants:

In-person: _____

Online: _____

Key learning outcomes of event/webinar/workshop

List previous experience running similar workshop:

Preferred format for the event/webinar/workshop (check all that apply):

Online

Face-to-Face

Pre-Recorded

Other: _____

Preferred format for the session (check all that apply):

Presentation

Panel Discussion

Interactive Q&A

Breakout Sessions

Other: _____

Section 4: Additional Information

Will a certificate be presented to participants?

Yes

No

If yes, what type of certificate?

Evaluation: What methods will be employed to assess the program's effectiveness?

Feedback: Will there be a mechanism in place to collect feedback from participants, allowing us to assess the effectiveness of the program?

Resources Required (Select all that apply)

Projector

Whiteboard

Wi-Fi

Computers

Other IT Equipment: _____

Please indicate if any additional resources are required from MPAAI. Include the item name and quantity needed.

Do you require Special Accessibility Accommodations?

Yes No

If yes, please provide detailed information:

Section 5: Agreement

Applicant must agree to Access TT's [Terms and Conditions](#) and [privacy policy](#).

Yes No

Training courses delivered at ICT Access Centres must receive the approval of MPAAI and are to be delivered at no cost to participants.

I agree to the above statement

By submitting this application, I confirm that the information provided is accurate and that I have the authority to represent my organization/group.

Signature: _____

Date: _____

Instructions for Submission:

Please submit your completed application form to ariel.soonachan@gov.tt. For any questions, contact us at 868-612-4638 ext. 1782.

Note: This form does not apply to government ministries, which follow an established ministry-to-ministry protocol.