



Sacramento  
Employment and  
Training  
Agency

# Local Training Provider Referral Form

Date: \_\_\_\_\_

To: Clare Vanderpool From: \_\_\_\_\_

Fax: 916-263-3735 Phone: \_\_\_\_\_

E-Mail Clare.vanderpool@seta.net Alternate E-Mail sacworkssupport.seta.net

Phone: 916-263-3549 Career Center: \_\_\_\_\_  
(select from drop-down)

Re: \_\_\_\_\_ CC: \_\_\_\_\_

An assessment has been developed identifying that customer \_\_\_\_\_, is in need of training services and has the skills and qualifications to successfully participate in the following selected training program. It is recommended that a contract for service be developed with:

Provider: \_\_\_\_\_

Address: \_\_\_\_\_ City, State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Course/Program: \_\_\_\_\_

Is this a critical occupation (as defined by SETA)? ☐ Yes ☐ No

Length of Training: \_\_\_\_\_ Tuition: \_\_\_\_\_

Training Provider is currently on California's Eligible Training Provider List (ETPL)? ☐ Yes ☐ No

**This referral has been reviewed and approved by the Site Supervisor as indicated below.**

Site Supervisor (print name): \_\_\_\_\_

Site Supervisor (or designee) signature: \_\_\_\_\_