

**Local Training Provider Referral Form**

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| ***THIS FORM IS FOR SETA INTERNAL USE ONLY*** | | | | | | | | | | | | |
| **Date:** | | Click or tap to enter a date. | | | | |  | | | | | |
| **To:** | | ETPL/LTPL Coordinator | | | | | | | **From:** |  | | |
| **E-Mail:** | | sacworkssupport@seta.net | | | | | | | **Phone:** |  | | |
|  | | |  | | | | | | **E-Mail:** |  | | |
|  |  | | | | | | | | **Career Center:**  (select from drop-down) | | | Choose an item. |
| 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: | | | |  | | | | | | | | |
| Length of Course/Program: | | | | | |  | | | 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 name:** | | | | |  | | | | | | | |
| **Site Supervisor (or designee) signature:** | | | | | | | |  | | | | |
| **Date of Signature: Click or tap to enter a date.** | | | | | | | | | | | | |