Diversity Education Request Form

Today’s Date: __/__/____

Please answer each question below as completely as possible. This information will enable us to best respond to your request. Contact the Assistant Vice Chancellor for Equity, Diversity, and Inclusion, Dr. Sandra L. Barnes, at sandra.l.barnes@vanderbilt.edu with questions or comments. She will also respond to your request. Thank you for your interest in diversity education through the Office for Equity, Diversity, and Inclusion.

Group Requesting Presentation: __________________________________________________________

Contact Name: ___________________ Phone: ___________ Email: ______________________________

A. EXISTING EDUCATION SERIES
Identify the existing educational workshop(s) in which you are interested from the list below, and complete Section C. Unless noted, workshops are one hour in length.

_______ Inclusive Excellence 101: Unconscious Bias – A New Look at an Old Dynamic!
_______ Inclusive Excellence 201: Unconscious Bias – A New Look at an Old Dynamic! (two hours)
_______ Inclusive Excellence 301: Unconscious Bias – Next Steps
_______ Inclusive Excellence 401: Effective Communication and Collaboration across Diverse Groups
_______ Inclusive Excellence 501: Allyship and Relationship-Building
_______ Inclusive Excellence 601: Inter- and Intra-Racial and Ethnic Dynamics (Part 1)
_______ Inclusive Excellence 701: Inter- and Intra-Racial and Ethnic Dynamics (Part 2)
_______ Inclusive Excellence 801: Sexuality, Gender, and Transgender Dynamics

B. CUSTOM EDUCATION TRAINING
Purpose/Goal of Diversity Education (provide as much detail as possible): __________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
C. LOGISTICS

Anticipated Audience:
Demographics: ____________________________________________________________

Anticipated Number of Attendees: __________________________________________

Key attendees (e.g., department/area, leadership program, etc.):
______________________________________________________________________

Will attendees RSVP? If so, please indicate RSVP cutoff date: __________________

Are there any special needs for attendees (e.g., visual/audio aid or English proficiency support)? ____________________________
______________________________________________________________________

Meeting Details:
Requested Length of Training: _____________________________________________
Requested Start Time: _____________________________________________________

Will the requested diversity training be part of a larger meeting/workshop? ______
If yes, complete the following questions.

  Timeframe for the full meeting/workshop: _________________________________
  What is taking place before the training? ___________ After the training? ______
  How much time is available for set-up prior to the training? _________________
  Technology Contact Person’s Name: ___________________ Phone: __________ Email:
______________________________________________________________________

Location Details:
Will the presentation take place on campus? _______ Has a training location been secured? __________
If yes, please answer the following questions and attach photo/diagram of space. For external locations, skip to the next section.

Building Name: _________________________________________________________
Floor: ___________ Room Number/Name: _________________________________
Is parking available? _______ If yes, please provide location: __________________

Does the room provide wheelchair access? Yes or No

External Locations ONLY:
Physical Address: ________________________________________________________
Floor: ______________ Room Number/Name: _________________________________
Is parking available? _______ If yes, please provide location: __________________

Equipment & Space Details:
Please check each item that is available in the meeting space.

  Projector: ___________ Projector Screen: ___________ Lectern: ___________
  On-site AV Tech: _________ On-call AV Tech: ___________
  Complimentary Wi-Fi: ________ CODE: __________________
  House sound: ___________ On-site temperature control: _________
  Table for handouts: __________
Seating Arrangements:  60” rounds _____  72” rounds _____  6 ft. rectangle _____  8 ft. rectangle _____
Open space for interactive activities: _________
Access to space 24-36 hours prior to presentation (required): __________________

Feedback Surveys:
In an effort to continually improve our diversity education process, attendees will be asked to complete a short feedback survey at the end of the workshop. For certain workshops, attendees may also be asked to complete short pre- and post-workshop surveys. Can your attendees complete feedback surveys? Yes or No.