

VIRGINIA RISK CONTROL INSTITUTE

Application for Enrollment

To register: Complete form and fax to 804-786-8840 or e-mail to pam.goetz@dhrm.virginia.gov.

I would like to apply for acceptance into the VRCI Fall, 2018 section. I understand that I am expected to **attend all eight days** as listed below.

_____ RC-2: Incident Investigation and Analysis
August 22 and 23 (Richmond), September 18 and 19 (remote), October 24 and 25 (remote),
November 19 and 20 (Richmond)

_____ RM-4: Managing Cyber Risk
August 14 and 15 (Richmond), September 25 and 26 (remote), October 16 and 17 (remote),
November 13 and 14 (Richmond)

Applicant's Name: _____

Job Title: _____ Work Phone: _____

Fax: _____ Email Address: _____

Agency: _____

Mail Address: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5+
If you did not complete high school, do you have an earned high school equivalency diploma (GED)?
___ **Yes** ___ **No**

Number of employees in the agency or division for whom you are responsible for safety, workers' compensation, and/or risk management? _____

Percentage of time spent involved with safety? _____% workers' compensation _____%, risk management _____%

Is your agency/institution insured by DHRM's Workers' Compensation Services? Yes No

Is your agency/institution insured by the Division of Risk Management? Yes No

If so, what insurance does your organization buy from DHRM/OWC or TRS/DRM?

Briefly state how you and your agency/local government will benefit from this class:

I understand that I cannot miss any classes and that this is a college level class requiring considerable personal study and project time.

Applicant's Signature _____ Date _____

I understand that the above named employee will be required to be away from work on eight (8) days during a six-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Supervisor's Signature _____ Date _____

Supervisor's Name (please print) _____

Supervisor's email address _____