

TRAILBLAZER APPLICATION
***Infinite Possibilities* Trainer Delivery Reporting Form**

Trainers who've delivered an IP program to a minimum of 6 students are eligible to be listed as "TRAILBLAZERS" at the TUT website. While we encourage trainers to use their creativity in presenting the *Infinite Possibilities* material, including training without the workbook, for purposes of the Trailblazer designation there must be at least one delivery, *to 6 or more people, over at least 6 hours*, which primarily uses and relies on the official IP workbook. Neither "Trailblazer" nor "Trainer" listings on the TUT website imply endorsement, and both may be revoked at TUT's future discretion without notice.

Trainer Name: _____ Date Certified by TUT: _____

Email: _____ Phone number: _____ Web address: _____

Street address (street, city, state, country): _____

DELIVERY DETAILS:

How I obtained this training opportunity:

_____ Self-Created

_____ I filled a vacancy created by a MENTOR _____, another Trailblazer.

Dates Delivered: _____ Cumm Hours: _____ Number of attendees: _____

Who (what organization, if any) was the program delivered to? _____

Where was the program delivered? _____

Special interest (e.g. AA, NA, teens, homeless, etc.)? _____

(If a special interest group is not listed, programs will fall under the general category "Personal Mastermind Group")

Referral contact (from the organization where the program was delivered):

Name/Address: _____

Phone number: _____ Email address: _____

Please tell us about your experience as a Certified Trainer leading this program (attach another page if necessary), including what you learned that could perhaps most help others following in your footsteps?

What was the most valuable thing you learned from your experience leading this program?

Did you order Learning Materials (books, DVDs, workbooks)? Did they improve the quality of the program?

Is there anything that we can do to help improve the quality of your programs in the future?

PLAY IT FORWARD - MENTORING

Does the group/organization/jail/etc. that you delivered to have an ongoing need for trainers? **Yes / No**

Will you be delivering another training to a new round of clients at this group/organization/jail/etc.? **Yes / No**

If the need exists for a new training but you aren't available, can you **MENTOR** another Certified Trainer to take your place?

Yes / No *Let us know if we can help!* Just email us at: trainer@tut.com

By signing below, I confirm the above is true and accurate.

Signature: _____

Date: _____

Scan and email this form to: trainer@tut.com or send by fax to (407)488-1981