



APPLICATION FOR
COMPUTER SKILLS TRAINING
INCLUDING STARS, PDS, and SPP

Sending in an application does not ensure admittance to a training.
If you are admitted to a training you will receive a Confirmation of Admittance letter.

INSTRUCTIONS:

If you apply for more than one course, you must complete a separate application for each. All items on this form (front & back) must be completed for your application to be accepted. Incomplete applications will be returned. Completed applications should be returned to:

NYC Department for the Aging
Center for
Organization Development & Strategic Initiatives
220 Church Street, Suite 331
New York, NY 10013
Office (212) 442-3015
Fax (212) 442-3020

For Office Use Only
Rec'd D:
Ret'd D: I: Rec'd D:
DE D: I:
NLI D: I:
Status: A WL In I:
St Ent D: I: Ltr D: I:
Canc D: I:

This application form may be photocopied for additional courses/applicants.

SECTION I - APPLICANT INFORMATION (Please type or print)

This application is for training in General Computer Skills [] STARS [] PDS [] SPP []

Course Title _____ Course Date _____

Name _____ Last 4 digits of SSN _____ (Required)
(First, Last)

Agency Name _____ DFTA ID # _____

Office Address _____ Tel No. () _____

City _____ Zip Code _____ Fax No. () _____

E-mail Address: _____

Job Title _____ Years in Current Position _____

Give two examples of problems, issues, or skills needed on the job that you would like this training to assist you in addressing more effectively. (Be specific)

SECTION II - COMPUTER SKILLS AND EXPERIENCE (Check the appropriate rating)

Rate your experience using a personal computer [] none [] some [] intermediate [] expert

What do you use the PC for? (Check all that apply)

[] Word Processing [] Spreadsheets [] Databases [] STARS [] PDS [] SPP [] Other (Specify) _____

Course Title _____

SECTION III – GENERAL COMPUTER SKILLS TRAINING (Fill in this section only if you are applying for a MS Word, Excel, PowerPoint, or Publisher, Access course)

Have you ever taken an introductory MS Word course? Yes No
How long have you been using MS Word? .. (_____)Year(s)(_____) Month(s)
Rate your skills using MS Word None..... Some..... Intermediate... Expert
Have you ever taken an introductory MS Excel course? Yes No
How long have you been using MS Excel? . (_____)Year(s)(_____) Month(s)
Rate your skills using MS Excel None..... Some..... Intermediate... Expert

SECTION IV – For STARS, PDS, & SPP TRAINING

Check Your Agency Type: **(Please select only one)**

DFTA-Designated Case Management Agency Yes
Senior Center Yes
Home Delivered Meals Provider Yes
Other (Specify _____)

SECTION V – PDS TRAINING ONLY – SKILLS AND EXPERIENCE

Have you ever attended a classroom “Introduction to PDS” training? No..... Yes
Rate your knowledge of PDS Client Data Entry..... None..... Some..... Intermediate..... Expert

SECTION VI – SPP TRAINING ONLY - SKILLS AND EXPERIENCE

Have you ever attended a classroom “SPP Training”? No..... Yes
Is your agency currently connected to the Internet? No..... Yes
Is your agency currently using SPP? No..... Yes

SECTION VII - APPLICANT & SUPERVISOR SIGNATURES

Applicant: I have read the course descriptions and pre-requisites, and I understand that my application will be considered if I satisfy all eligibility criteria and what I need to learn will be covered in the course.

Applicant's Signature _____ Date _____

Supervisor: This employee, whom I supervise, ***needs the training they have selected in order to do their work,*** and satisfies the eligibility criteria for those training(s).

Supervisor's Name (Please Print) _____

Phone _____ Fax _____ Date _____

Supervisor's Signature _____