Department for the Aging

APPLICATION FOR
PROFESSIONAL SKILLS DEVELOPMENT TRAINING

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 form for each.
All items on this form, front and back, must be completed to ensure that there is a match between your learning needs and the training purpose and content. If any part of the application form is not completed, it will be returned. Space is limited and demand generally exceeds capacity.

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Center for
Organization Development & Strategic Initiatives
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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)

1. Course Title _____ 2. Training Date _____
(Enter only one course title per application)

3. Name _____ 4. Last 4 digits of SSN _____
(First, Last)

5. Agency Name* _____ 6. DFTA ID #_____

7. Office Address _____ 8. Tel No. (___)_____

City _____ State _____ Zip _____ 9. Fax No. (___)_____

10. E-Mail Address _____

11. Job Title _____ 12. Years of Service in Current Position _____

13. Employment Level *(Check One):*
- ❑ Manager/Supervisor Of:
  - ❍ Clericals ❍ Professionals ❍ Non-Professionals
- ❑ Professional (Non-Supervisory)
- ❑ Clerical

14. If you supervise staff, specify the number of persons reporting to you:
Directly _____ Indirectly _____

** Indicate agency type:*
❑ DFTA-*Contracted* Case Management ❑ Senior Center ❑ NORC ❑ Home Delivered Meals
❑ Case Assistance Only ❑ Home Care ❑ Elder Abuse ❑ Caregiver ❑ Other: _____

Course Title _____

15. **Position Description:** Briefly list your major job responsibilities. (NOTE: Your response to this question is a key component of ensuring a match between your needs and the course content and purpose).

_____

_____

_____

_____

_____

16. Give **two** examples of problems or issues on the job that you would like this training to assist you in addressing more effectively.

_____

_____

_____

_____

_____

Section II Applicant's Statement

I would like to participate in this training program. I have read the course description, and believe I am a member of the target audience for this training. If selected, I agree to:

1. Commit myself to attending the entire training, arriving on time and leaving only when the training is complete;
2. Complete any pre-session work (e.g. needs assessment, readings);
3. Actively participate in all components of the training, keeping an open mind;
4. Create an action plan detailing how I expect to apply the knowledge and skills learned at the training into my job, and to discuss this plan with my supervisor;
5. Share relevant highlights of the training with co-workers.

Applicant Signature: _____ Date: _____

Section III Supervisor's Statement

I, the supervisor of the employee named above, have read the course description for this training, and believe that he/she meets DFTA's eligibility criteria (e.g. his/her position is funded through a contract with DFTA, and he/she is a member of the target audience for this training). I agree to:

1. Release him/her from work assignments to allow him/her to attend the entire training, including, if necessary, any pre-training questionnaires or readings;
2. Minimize interruptions to the training;
3. Meet with the trainee following the training to explore how the information and skills learned in the training can be applied to the trainee's work;
4. Provide encouragement, support and reinforcement for the new trainee behaviors;
5. Provide specific opportunities for the trainee to practice the new behaviors and skills.

Supervisor's Name: _____ Title: _____
(Please print)

Supervisor's Signature: _____ Date: _____