



APPLICATION FOR
COMPUTER SKILLS TRAINING
INCLUDING PDS & 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:
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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 General Computer Skills Training [] PDS Training [] SPP Training []

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 [] 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 frequently do you use MS Word per week? never..... seldom..... occasionally..... often
Have you ever taken an introductory MS Excel course?..... Yes..... No
How frequently do you use MS Excel per week? never..... seldom..... occasionally..... often

SECTION IV – 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 _____
