Family Support and Child Welfare Services Statewide Training Partnership

Registration Application Form (Forms faxed or mailed prior to the date registration opens will NOT be considered)

To ensure this form is submitted to the appropriate registrar please refer to the training catalog (www.ncswlearn.org)

revised on 8-29-06

Training event you are registering for: _____

Training Event dates: _____

Training Event location _____

If you are making up a missed training day, which day are you making up? _____

If you have registered for a training under a different name, what is that name? _____

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. **First Name** **MI** **Last Name**

"Goes By" Name **Home Phone (Please include area code)** ___ - ___ - ____

Gender
☐ Female ☐ Male

Race (Optional)
☐ American Indian ☐ Asian/Pacific Islander ☐ Black ☐ Latino ☐ Mixed Race ☐ White

Work Phone & Extension (Please include area code) ___ - ___ - ____ - ____ **Fax Number (Please include area code)** ___ - ___ - ____

Your Work E-mail Address (Please do NOT provide an e-mail that belongs to someone else)

Agency Name

Mailing Address (PO Box, Drawer #, or Street Name and Suite #)

City **State** **Zip Code** ____ - ____

State Courier # **County**

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. **Supervisor's Full Name** **Supervisor's Phone (please include area code)** ___ - ___ - ____

Have you ever been a student in the Child Welfare Education Collaborative Program?
Yes ☐ No ☐

Are you a certified MAPP/GPS leader?
Yes ☐ No ☐

Are you a Private Agency employee providing Child Welfare services under contract with a County DSS Agency?
Yes ☐ No ☐

1 Highest Degree
- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree
- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

2 Employment Type
- ☐ Not Applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

3 Work Type
- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin.Support
- ☐ Director
- ☐ Other
- ☐ Student
- ☐ Student Intern
- ☐ Not Applicable

4 Service Type
(check only one)
- ☐ Adult Services
- ☐ Child Welfare Services
- ☐ Work First Services
- ☐ Other Services

5 Program and Date Responsibilities Assumed (mm/yy)

Complete this box if you are a County DSS Line Supervisor or Direct Client Contact Worker
(Check all that apply **CURRENTLY**)

- ☐ Adoption (____/____)
- ☐ Case Planning & Case Management/In Home Services (____/____)
- ☐ Child Placement (____/____)
- ☐ CPS Investigative Assessment/Family Assessment (____/____)
- ☐ CPS Intake (____/____)
- ☐ CPS Occasional On Call (___/___)
- ☐ Family Meetings Facilitator (____/____)
- ☐ Family Preservation (____/____)
- ☐ Family Support (____/____)
- ☐ Foster Care Licensing (_____/_____)
- ☐ Independent Living (____/____)
- ☐ Other_____(____/____)
- ☐ Work First Case Worker (____/_____)
- ☐ Work First Social Worker (_____/_____)

6 Other Roles

Complete this box if you are **NOT** a county DSS worker

- ☐ Guardian ad Litem
- ☐ Family Preservation (Private)
- ☐ Family Res. Ctr. / Family Support
- ☐ Foster Care Child Adolescent
- ☐ Foster Care / Adoptive Parent
- ☐ Health
- ☐ Juvenile Justice
- ☐ IFPS (Private)
- ☐ Mental Health
- ☐ Other
- ☐ Private Res. Care Agency
- ☐ Private Foster Care / Adopt. Agency