

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 Sept. 2007

Training event you are registering for: _____
 Date(s) of Training Event: _____
 Location of Training Event: _____
 If you are making up a missed training day, which day are you making up? _____
 If you have registered for a training event under a different name, what is that name? _____

First Name	MI	Last Name
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		
"Goes By" Name		
<input type="checkbox"/>		

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race (Optional) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Latino <input type="checkbox"/> Mixed Race <input type="checkbox"/> White
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Home Phone (please include area code) <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	Cellular Phone (please include area code) <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>
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Work Phone & Extension (please include area code) <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	Fax Number (please include area code) <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>
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Your Work Email Address

Agency Name

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

City <input type="checkbox"/>	State <input type="checkbox"/>	Zip Code <input type="checkbox"/> - <input type="checkbox"/>
County <input type="checkbox"/>		

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Supervisor's Full Name <input type="checkbox"/>	Supervisor's Phone (please include area code) <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>
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Supervisor's Email Address

1 Highest Degree

HS Masters
 Associate Doctorate
 Bachelor

Highest Social Work Degree

BSW/BSSW
 MSW/MSSW
 PhD/DSW
 Not Applicable

2 Employment Type

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

3 Work Type

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

4 Service Type
(check only one)

Adult Services
 Child Welfare Services
 Work First Services
 Other Services

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
 Private Res.Care Agency
 Private Foster Care/Adopt.Agency
 Other _____

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)

<input type="checkbox"/> Adoption (___/___)	<input type="checkbox"/> Family Preservation (___/___)
<input type="checkbox"/> CPS In Home Services (___/___)	<input type="checkbox"/> Family Support (___/___)
<input type="checkbox"/> Child Placement (___/___)	<input type="checkbox"/> Foster Care Licensing (___/___)
<input type="checkbox"/> CPS Assessments (___/___)	<input type="checkbox"/> Independent Living (___/___)
<input type="checkbox"/> CPS Intake (___/___)	<input type="checkbox"/> Work First Case Worker (___/___)
<input type="checkbox"/> CPS Occasional On Call (___/___)	<input type="checkbox"/> Work First Social Worker (___/___)
<input type="checkbox"/> Family Meetings Facilitator (___/___)	<input type="checkbox"/> Other _____ (___/___)

7 Have you ever been a student in the Child Welfare Education Collaborative Program? Yes No
 Are you a Private Agency employee providing Child Welfare services under contract with a County DSS? Yes No