## S-CAR/IPCR Problem-Solving Workshop Program Advanced Training in Facilitating Problem-Solving Workshop <u>Application Form</u>

<u>Directions:</u> Please fill out the application completely in order to facilitate the formation of a diverse cohort for the training program. All information will be kept confidential. Under areas of experience, please provide titles of workshops/trainings, sponsoring organizations, dates, and a one line description of each experience.

First N	Name:	Last N	Name:	
Addres	SS:			
	(Street)		(Apt. Number)	
	(City)	(State)	(Zip)	
E-mail	:	Teleph	ione:	
Sex: _			Race/ethnicity:	
Religio	on:	Language(s):		
	ation/Training Experien	nce		
B.	Professional Developmen	nt Training (e.g., commu	nication skills, small group processes, leadersh	- - ip) -
C.	Conflict Resolution Train		liation, negotiation)	- - -
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atement of Interest ease provide a brief statem	ent of your professional interests that	lead you to apply to this program
ture Training Opportunitie ease indicate whether you w ining focusing on challeng Yes	ould be interested in attending an ac	lvanced problem-solving worksh
my application is accepted, arch 29 <sup>th</sup> , 2015). I understa	I commit to being present for the en nd that my application does not guar ductory sessions may be offered.	tire weekend training (March 28 <sup>t</sup> antee acceptance into the trainin
my application is accepted, arch 29 <sup>th</sup> , 2015). I understa	I commit to being present for the en nd that my application does not guar	tire weekend training (March 28 <sup>t</sup> antee acceptance into the trainin 
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