



WORKSHOP APPLICATION FORM

Your Name:

Position:

Organization or Agency:

Mailing Address:

Suit/Unit:

City, State and Zip code:

Direct Business Phone:

Cell Phone:

Fax:

Email:

Website:

CIRCLE THE PROGRAM IN WHICH YOU WOULD LIKE A WORKSHOP:

The New Confident Parenting

Effective Black Parenting

Los Niños Bien Educados

WHAT DATES TO DO HAVE IN MIND FOR CONDUCTING A FIVE DAY WORKSHOP IN THIS PROGRAM? List as many weeks as you can.:

A MINIMUM OF 15 (AND MAXIMUM OF 25) PARTICIPANTS ARE NEEDED IN ORDER TO BRING A WORKSHOP TO A PARTICULAR LOCATION. If your organization cannot guarantee that minimum, however, CICC is prepared to work with your organization to jointly recruit the minimum and maybe more. How many people do you want trained in your workshop?:

YOU WILL NEED TO RECRUIT PARTICIPANTS . FROM WHICH WILL YOU BE RECRUITING PARTICIPANTS? For example, will they come from your organization, department or school district? Other examples include from a coalition or consortium of groups, relevant early education, health care, or special education individuals or groups in the area. Be as specific as you can about your recruitment plans. We may be able to help you with ideas about recruitment.:

It is desirable for participants to have some college education and some prior experiences as an educator, or health educator, and as a group leader. Prior training in behavior modification also desirable. What are the educational backgrounds or experience levels of your potential workshop participants?:

The cost for putting on a workshop is based on the enrollment fee that must be paid for all participants plus the expenses to travel a National Trainer of Instructors to and from your location. The enrollment fee covers the training itself, the complete Instructors Kit that each participant receives and certification, How will you be paying these costs? (agency or department training budget, grant funds, etc.):

AFTER COMPLETING THIS FORM return it by either mailing it to:

CICC

10975 Bluffside Drive, #1422

Studio City, California 91604

or by Scanning the Form & Emailing it to Dr. Alvy at:

kalvy@ciccparenting.org

CICC looks forward to working with you to conduct a very successful workshop!