

FY 10 Professional Development Trainer Application

Name _____ Date _____

Mailing Address _____

Business Address _____

Day phone _____

Evening Phone _____

Email Address _____

Fax _____

Social Security # _____

Business License # _____

Date of birth _____

Educational Background

(Circle which one applies): CDA AA BA MA PHD

Other _____

Required Documentation: thread must receive a current resume, social security number or business license to fulfill grant requirements before trainers can contract with us.

Biography: thread includes these biographies in our training calendar that go out to child care providers. Please include any relevant information that you think providers may want to know before taking one of your trainings. For example your work experience with children and families, educational history.

(The space below is provided for your brief Biography)

Presentation Experience: Please check topics you are qualified to train:

- Infant Toddler Preschool School Age
 Family Child Care Center based

CDA Competency Standards

- | | |
|--|---|
| <input type="checkbox"/> Safe, healthy learning environments | <input type="checkbox"/> CDA direct assess. overview |
| <input type="checkbox"/> Social, emotional & positive guidance | <input type="checkbox"/> Physical & Intellectual |
| <input type="checkbox"/> Program Management | <input type="checkbox"/> Productive relations w/ families |
| <input type="checkbox"/> Observing & recording | <input type="checkbox"/> Growth & development |
| <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Professionalism |

What level of training are you qualified to deliver?

- Beginning Intermediate Advanced

When are you available to provide training?

- Days Evenings Weekends

Are you available to travel?

- | | | | |
|--|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Anchorage | <input type="checkbox"/> Southcentral | <input type="checkbox"/> Mat-Su | <input type="checkbox"/> Fairbanks |
| <input type="checkbox"/> Northern region | <input type="checkbox"/> Juneau | <input type="checkbox"/> Southeast | <input type="checkbox"/> Statewide |

Other communities

Title and Description of Proposed Trainings you would like to offer:
 (Descriptions will appear on CCC Training Schedule – 50 words or less)

References: Please list two individuals who are familiar with your ability as a training facilitator.

Name _____ Organization _____ Day phone _____
 Name _____ Organization _____ Day phone _____

I understand that trainers are not Child Care Connection, Inc. employees and all information on this application is true to the best of your knowledge.

Trainer Signature _____ Date _____