Application for Family Trainee
Leadership Education in Neurodevelopmental and related Disabilities (LEND) Training Program

Application Checklist

- ☐ Cover letter describing your interest in The LEND Program
- ☐ Completed application form (this document)
- ☐ Copy of resume/curriculum vitae
- ☐ Send all materials by email to LENDTraining@cchmc.org
- ☐ Arrange to have one completed recommendation form emailed directly to LENDTraining@cchmc.org

Are you legally eligible for employment in this country? ◯ Yes ◯ No
(Proof of US Citizenship for permanent resident status will be required if you will be receiving a stipend.)

FAMILY TRAINEE PROGRAM APPLICATION

Name _____

Home Address:
- Street _____
- Apt # _____
- City, State, Zip _____

Work Address (if applicable):
- Company _____
- Address _____
- Suite _____
- City, State, Zip _____

Phone (Home) _____
Phone (Cell) _____
E-Mail _____

CHILD'S DIAGNOSIS: _____

EDUCATION:

Degrees Earned (If Applicable):

College/University	Degree	Date of Graduation	Major/Discipline

Current University/Department/School and Address (if Applicable):

University _____
School/Department _____
Address 1 _____
Address 2 _____
City/State/Zip _____
_____

Degree in Progress (If Applicable) _____
Discipline of Current Degree Program: _____
Name of Training Director _____

REFERENCES: List names, addresses, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation to us.

Name	Mailing Address	Phone Number	Email Address

PLEASE CHECK AREAS OF EXPERIENCE:

- ☐ Parent/Professional Collaboration
- ☐ Early Intervention
- ☐ F.S.P. (Individualized Family Service Plan)
- ☐ I.E.P. (Individualized Education Plan)
- ☐ I.S.P. (Individualized Service Plan)
- ☐ I.T.P. (Individualized Transition Plan)
- ☐ Accessing Services (please specify):
- ☐ Family Support Services (FSS)
- ☐ Transition Services
- ☐ Medicaid Waiver Services
- ☐ Foster Care
- ☐ Loss and Change
- ☐ Parent-to-Parent Support
- ☐ Grant Writing
- ☐ Public Speaking
- ☐ Assistive Technology
- ☐ Public Policy/Advocacy
- ☐ Other:

Workshops/Training/Presentations in Family Issues that you have attended:

Title of Conference, Workshop, Presentation	Sponsoring Organization	Date(s)	Location

Workshops/Training/Presentations in Family Issues in which you have made presentations

Title of Conference, Workshop, Presentation	Sponsoring Organization	Date(s)	Location

Community Associations/Organizations in which you are a member:

Community Volunteer Experiences:

Advisory/Governing Board, Council, Committee Membership:

Honors and Awards:

How has having a child with special needs impacted your life?

In addition to the qualifications you've listed in this application, are there any additional experiences that you feel have helped make you a good candidate for the LEND program?

What skills do you hope to develop through the LEND program?

How do you see yourself applying what you learn in the LEND to your future activities?

How did you hear about the LEND Program?