



Positive Leadership Development Institute

Application Form – **SAMPLE ONLY**

PAN/OAN Positive Leadership Development Institute - Core Leadership Training

Contact Information

Please provide a valid mailing address and email to ensure safe and confidential delivery of materials. All surface mailings will be sent in a plain envelope – NO HIV/AIDS designation or logo will be used.

Please note: Incomplete applications will not be reviewed, please ensure that you have fully completed the application.

Submission deadline: **SAMPLE ONLY**

Last Name: _____ First Name: _____

Street Address: _____ Apt: _____

City: _____ Province: _____ Postal Code: _____

Telephone Day: _____ Evening: _____

If we get voice mail or answering service, may we leave you a message? Yes or No

Email address: _____

PAN-member organization that endorsed your application: _____

Name of Executive Director at the PAN member agency: _____

General Information:

This general information is collected to help ensure diversity of participants in the training and for program reporting purposes (Names will **not** be associated with the information reported):

1. Age Range:

- 19 – 29
- 30 – 40
- 41 – 51
- 51+

2. Education (Highest Level Completed):

- Some High School (Grade: _____)
- High School Diploma
- College
- University
- University – Post Graduate
- Other (please specify): _____

3. Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> <u>Aboriginal</u> | <input type="checkbox"/> <u>Hispanic/Latino</u> |
| <input type="checkbox"/> <u>Asian</u> | <input type="checkbox"/> <u>Black/African/Caribbean</u> |
| <input type="checkbox"/> <u>Middle Eastern</u> | <input type="checkbox"/> <u>Caucasian</u> |
| <input type="checkbox"/> <u>South Asian</u> | <input type="checkbox"/> <u>Other (please list):</u> _____
_____ |

4. Gender:

- Male
- Female
- Transgender/Transsexual

5. Sexual Orientation:

- Heterosexual/Straight
- Homosexual/Gay/Lesbian
- Bisexual
- Other

Please answer ALL of the following questions to help us support your involvement in the training:

1. Do you:

- | | | | |
|--|-----|-----------|----|
| a. Require Refrigeration for medications | Yes | or | No |
| b. Require Childcare subsidy/reimbursement | Yes | or | No |

2. Are you co-infected with Hepatitis C Yes **or No**

3. Do you have any special physical needs that might affect your participation in the training such as: visual or hearing impairment; use a wheelchair or mobility problems; etc and/or allergies or food restrictions. Please state below:

4. Have you previously applied for the Level I Core Training? Yes **or No**

5. Were you accepted to attend a previous training but were unable to attend? Yes **or No**

6. Please list and describe your involvement with the HIV/AIDS community and/or other community involvement:

7. What skills would you like to develop in order to be more effective in your community work?

8. What do you expect to get out of this leadership development training?

9. Please describe how you plan to use the learning's from this training in your community work:

10. Please describe how you plan to share your experiences at the Leadership Level I Core Training with other PHAs in your community:

I am aware of, understand and agree to, the Financial Guidelines, the Code of Conduct and the Release of Liability and ish to submit this application to attend the PAN/OAN Positive Leadership Development Institute - Level I Core Training.

NAME (please print): _____ **DATE:** _____

SIGNATURE (if scanning and submitting): _____



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Emergency Contact Information

The following information is required in case of an emergency

Your Name: _____

Emergency Contact: _____

Day Phone: _____ Evening Phone: _____

Relationship: _____

Does this person know your HIV status? YES or NO

Please list any medical conditions or medications we should be aware of:

Please list your Care Card Number: _____

**Please email your completed application* to
leadership@pacificaidnetwork.org
by **SAMPLE ONLY****

*Applications should be saved and sent in the following format: "Lastname_Leadership" – example, "Jones_Leadership". If scanning facilities are available, the application can be signed, scanned and sent as a PDF. However, it can also be simply worked on as a word document, and then emailed.