

Helping PLHIV realize their individual leadership potential

Application Form
PAN/OAN/COCQ-SIDA Positive Leadership Development Institute
Core Leadership Training
Training Dates: June 13-16, 2019 at Loon Lake, Maple Ridge, BC.

By completing this application I am aware of, understand and agree to, the Financial Guidelines, the Code of Conduct and the Release of Liability and wish to submit this application to attend the PAN/OAN/COCQ-SIDA Positive Leadership Development Institute –Core Leadership Training. By signing this application, I acknowledge that PAN collects and shares data, excluding names and contact information, with our funders. PAN works to protect your right to privacy, if you have any questions about how this data is used, please contact Stacy Leblanc stacy@pacificaidnetwork.org

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: Friday, May 3, 2019 @ 12:00pm

Last Name:		First Name:	
Street Address:		Apt.:	
City:	Province:	Postal Code:	
Telephone: Day		Telephone: Evening	
If we get voice mail or answering service, may we leave you a message: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:			
PAN member agency endorsing your application:			
Name of Executive Director, support staff:			
How did you hear about this training?			

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:

- Indigenous
- Asian
- Middle Eastern
- South Asian
- Hispanic/Latino
- Black/African/Caribbean
- Caucasian
- Other (please list): _____

4. Gender:

- Male
- Female
- Transgender/Transsexual
- Two Spirit

5. Sexual Orientation:

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

6. English Language Comprehension:

- Fluent – first language
- Fluent – second language
- Basic conversation only
- Need assistance

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. 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:

3. Have you previously applied for the PLDI Core Training? Yes or No

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

If YES, for what reason were you unable to attend?

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

6. What skills would you like to develop in order to be more effective in your community work?
What are your leadership goals?

7. How would you describe a good leader; what specific qualities does this person have to make them a good leader?

8. Please describe how you plan to use the learning from this training in your community work: how will the training help you achieve your leadership goals?

9. Please describe how you plan to share your experiences at the training with other PLHIV in your community:

10. Please tell us a little about yourself. What do you want us to know about? Why should you be accepted?

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NAME: (please print)		DATE:	
SIGNATURE: (if scanning and submitting)			



**Positive Leadership
Development Institute**

Emergency Contact Information

The following information is REQUIRED in case of an emergency:

Your Name:				
Emergency Contact's Name				
Telephone Day:		Telephone Evening:		
Relationship:				
Does this person know your HIV Status?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please list any medical conditions or medications we should be aware of?				

Please note: your Emergency Contact cannot be a support worker, Executive director, or Health Care provider. In cases of emergency Pacific AIDS Network must be easily able to reach the person you have listed, **day or night**. Emergency contacts should be reserved for family and close friends. If you have questions please contact Stacy Leblanc (stacy@pacificaidsnetwork.org)

Please email your completed application* to

stacy@pacificaidsnetwork.org

By Friday, May 3, 12:00pm

*Applications should be saved and sent in the following format: "Lastname_Leadership" – example, "Leblanc_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.