



APPLICATION FOR
COMPUTER SKILLS TRAINING
INCLUDING PDS & SPP

Sending in an application does not ensure admittance to a training.
If you are admitted to a training you will receive a Confirmation of Admittance letter.

INSTRUCTIONS:

If you apply for more than one course, you must complete a separate application for each. All items on this form (front & back) must be completed for your application to accepted. Incomplete applications will be returned. Completed applications should be returned to:

NYC Department for the Aging
Center for
Organization development & Strategic Initiatives
220 Church Street, Suite 331
New York, NY 10013
Office (212) 442-3015
Fax (212) 442-3020

For Office Use Only
Rec'd D:
Ret'd D: I: Rec'd D:
DE D: I:
NLI D: I:
Status: A WL In I:
St Ent D: I: Ltr D: I:
Canc D: I:

This application form may be photocopied for additional courses/applicants.

SECTION I - APPLICANT INFORMATION (Please type or print)

This application is for General Computer Skills Training [ ] PDS Training [ ] SPP Training [ ]

Course Title \_\_\_\_\_ Course Date \_\_\_\_\_
Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_ (Required)
(Agency Name) (First, Last)
Agency Name \_\_\_\_\_ DFTA ID # \_\_\_\_\_
Office Address \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_
E-mail Address: \_\_\_\_\_
Job Title \_\_\_\_\_ Years in Current Position \_\_\_\_\_

Give two examples of problems, issues, or skills needed on the job that you would like this training to assist you in addressing more effectively. (Be specific)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SECTION II - COMPUTER SKILLS AND EXPERIENCE (Check the appropriate rating)

Rate your experience using a personal computer ..... [ ] none ..... [ ] some ..... [ ] intermediate ..... [ ] expert

What do you use the PC for? (Check all that apply)

[ ] Word Processing [ ] Spreadsheets [ ] Databases [ ] PDS [ ] SPP [ ] Other (Specify) \_\_\_\_\_

Course Title \_\_\_\_\_

**SECTION III – GENERAL COMPUTER SKILLS TRAINING (Fill in this section only if you are applying for a MS Word, Excel, PowerPoint, or Publisher, Access course)**

- Have you ever taken an introductory MS Word course? .....  Yes..... No  
How frequently do you use MS Word per week? .....  never..... seldom..... occasionally..... often  
Have you ever taken an introductory MS Excel course?.....  Yes..... No  
How frequently do you use MS Excel per week? .....  never..... seldom..... occasionally..... often

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**SECTION IV – PDS & SPP TRAINING**

Check Your Agency Type: **(Please select only one)**

- DFTA-Designated Case Management Agency .....  Yes  
Senior Center .....  Yes  
Home Delivered Meals Provider .....  Yes  
Other (Specify \_\_\_\_\_)

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**SECTION V – PDS TRAINING ONLY – SKILLS AND EXPERIENCE**

- Have you ever attended a classroom “Introduction to PDS” training? .....  No..... Yes  
Rate your knowledge of PDS Client Data Entry.....  None..... Some..... Intermediate..... Expert

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**SECTION VI – SPP TRAINING ONLY - SKILLS AND EXPERIENCE**

- Have you ever attended a classroom “SPP Training”? .....  No..... Yes  
Is your agency currently connected to the Internet? .....  No..... Yes  
Is your agency currently using SPP? .....  No..... Yes

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**SECTION VII - APPLICANT & SUPERVISOR SIGNATURES**

**Applicant:** I have read the course descriptions and pre-requisites, and I understand that my application will be considered if I satisfy all eligibility criteria and what I need to learn will be covered in the course.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor:** This employee, whom I supervise, ***needs the training they have selected in order to do their work***, and satisfies the eligibility criteria for those training(s).

Supervisor's Name (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

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