



# NYC DEPARTMENT FOR THE AGING APPLICATION FOR PROFESSIONAL SKILLS DEVELOPMENT TRAINING

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 form for each. All items on this form, front and back, must be completed for your application to be accepted. If any part of the application form is not completed, it will be returned. Space is limited and demand generally exceeds capacity.

**NYC Department for the Aging  
Center for  
Organization Development and Training  
220 Church Street, Room 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)

- Course Title \_\_\_\_\_  
(Enter only one course title per application)
- Training Date \_\_\_\_\_
- Name \_\_\_\_\_  
(First, Last)
- Last 4 digits of SSN \_\_\_\_\_  
(Required)
- Agency Name \_\_\_\_\_
- DFTA ID # \_\_\_\_\_
- Office Address \_\_\_\_\_
- Tel No. (\_\_\_\_) \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Fax No. (\_\_\_\_) \_\_\_\_\_
- E-Mail Address \_\_\_\_\_
- Job Title \_\_\_\_\_
- Years of Service in Current Position \_\_\_\_\_
- Employment Level: (Check One)
  - Manager/Supervisor Of:
    - Clericals
    - Professionals
    - Non-Professionals
  - Professional (Non-Supervisory)
  - Clerical
- If you supervise staff, specify the number of persons reporting to you:  
Directly \_\_\_\_\_ Indirectly \_\_\_\_\_

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

15. **Position Description:** Briefly list your major job responsibilities. (NOTE: Your response to this question is a key component of the application review process)

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16. Give **two** examples of problems or issues on the job that you would like this training to assist you in addressing more effectively.

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**Section II – Applicant’s Statement**

I would like to participate in this training program. I have read the course description, and believe I am a member of the target audience for this training. If selected, I agree to:

1. Commit myself to attending the entire training, arriving on time and leaving only when the training is complete;
2. Complete any pre-session work (e.g. needs assessment, readings);
3. Actively participate in all components of the training, keeping an open mind;
4. Create an action plan detailing how I expect to apply the knowledge and skills learned at the training into my job, and to discuss this plan with my supervisor;
5. Share relevant highlights of the training with co-workers.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III – Supervisor’s Statement**

I, the supervisor of the employee named above, have read the course description for this training, and believe that he/she meets DFTA’s eligibility criteria (e.g. his/her position is funded through a contract with DFTA, and he/she is a member of the target audience for this training). I agree to:

1. Release him/her from work assignments to allow him/her to attend the entire training, including, if necessary, any pre-training questionnaires or readings;
2. Minimize interruptions to the training;
3. Meet with the trainee following the training to explore how the information and skills learned in the training can be applied to the trainee’s work;
4. Provide encouragement, support and reinforcement for the new trainee behaviors;
5. Provide specific opportunities for the trainee to practice the new behaviors and skills.

Supervisor’s Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please print)

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_