



STRENGTHS-BASED LEADERSHIP CERTIFICATE

VIRTUAL CLASS

Application

Please return completed Application By:

Group #1 September 30, 2022 / Group #2 December 30, 2022

To

Eva Bey

SFW Leadership Program
810 River Avenue Suite 300
Pittsburgh, Pa 15212

Eva.bey@allegHENYcounty.us

PART I. PLEASE TYPE OR PRINT NEATLY

Name: (First MI Last)

Date of Birth:

Agency Affiliation:

Position:

Address:

City:

State: PA

Zip:

Phone #:

Fax #:

2nd Phone #:

E-mail Address:

Please make sure you read this entire document (four pages) as there are forms for you to complete and a schedule of class dates for groups 1 and 2.

Please Choose One: Leadership Group #1 _____ or Leadership Group # 2 _____

Part II.

1) What is your Level of Education?

2) How many years of supervisory or leadership experience do you have?

3) How many agency staff do you supervise?

4) Do you supervise SFW credentialed staff?

5) What type of supervisory training does your agency currently provide?

6) Why are you signing up? What do you hope to gain from this LSFW educational experience?

7) How do you see this training and the LSFW certificate being beneficial to your staff, families and individuals serviced through your agency?

PART III. THIS SECTION IS TO BE COMPLETED BY THE APPLICANT'S AGENCY MANAGER / DIRECTOR:

_____ (print name of your agency or organization) understands that the LSFW Training Program commitment will require this employee to attend 30 hours of in-service training and includes additional self-directed activities (reading, skills practice) outside of the training sessions.

_____ (print name of applicant/employee) will receive our full support in his/her efforts to receive a Leadership for Strengths-Based Family Worker Credential.

(Signature of Agency Manager / Director)

Date

PART IV. LSFW LEARNING CONTRACT

- ATTENDANCE: Participants are not permitted more than one (1) absence for the entire LSFW virtual course. More than one (1) absence may prevent individuals from receiving their certificate.
- CELLPHONE/BEEPERS: In order to be able to focus solely on your own professional development for the virtual training and not be distracted by other work responsibilities, please have phones turned off, or on the vibrate mode, when class is in session. Please stay on screen and microphone muted.

PAYMENT POLICY: Tuition for the LSFW course is \$175.00. Payment must be paid in full within ten (10) days of start of classes. These funds are not refundable. Please provide your Agency Fiscal person's name phone and email.

Agency Fiscal Administrator: _____ Phone: _____

Email: _____

A limited number of partial scholarships are available.

BY SIGNING THIS DOCUMENT, I AM AGREEING TO THE ABOVE.

SIGNATURE OF THE APPLICANT

DATE: _____



Contact Information:
 Eva Bey SFW Program Manager
 412-350-5805 / Fax 412-323-2100
 Eva.bey@alleghenycounty.us



Vitural Leadership Workshops 2022-2023 Groups 1&2			
Tuesdays 8:30 A.M.-4:30 P.M. ZO			
<u>Leadership Group #1 Fall</u>			
<u>Instructor TBA</u>			
Workshop #2 October 25, 2022			
Workshop #3 November 8, 2022			
Workshop #4 November 22, 2022			
Workshop #5 December 6, 2022			
Workshop #6 Final Project Presentations January 11, 2023			
<u>Leadership Group #2 Spring</u>			
<u>Instructor TBA</u>			
Workshop #1 February 7, 2023			
Workshop#2 February 21, 2023			
Workshop# 3 March 7, 2023			
Workshop# 4 March 21, 2023			
Workshop# 5 April 4, 2023			
Workshop #6 Final Project Presentations May 30, 2023			