



STRENGTHS-BASED LEADERSHIP CERTIFICATE
VIRTUAL CLASS
Application

Please return completed Application By:

Group #1 October 30, 2023 / Group #2 January 30, 2024

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.
- CELL PHONE/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. Checks are to be made and sent to: **SFW Temple University Harrisburg C/O Eva Bey DHS 810 River Avenue Suite 300 Pittsburgh, Pa 15212.**

CEUs can be obtained at the end of class for an additional \$20.00 fee to Temple University Harrisburg

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 Applicant and Date

_____ Date: _____

Supervisor Signature: _____ Date: _____

Email: _____ Phone: _____



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. ZOOM
Every other week

Leadership Group #1 Fall Ever

Instructor TBA

Workshop #1 November 14, 2023

Workshop #2 November 28, 2023

Workshop #3 December 12, 2023

Workshop #4 January 2, 2024

Workshop #5 January 16, 2024

Workshop #6 Final Project Presentations February 27, 2024

Leadership Group #2 Spring

Instructor TBA

Workshop #1 April 2, 2024

Workshop#2 April 16, 2024

Workshop# 3 April 30, 2024

Workshop# 4 May 14, 2024

Workshop# 5 May 28, 2024

Workshop #6 Final Project Presentations June 28, 2024