



LEADERSHIP CERTIFICATE FOR STRENGTHS-BASED FAMILY WORKERS

Application

Please return completed Application

For Group #1 by September 30, 2020 - For Group #2 by December 30, 2020

Send to:

Eva Bey

DHS Integrated Program Services
810 River Avenue Suite 300
Pittsburgh, PA 15212

Eva.Bey@AlleghenyCounty.US

PART I. PLEASE TYPE OR PRINT NEATLY

Name: (First MI Last):

Last four digits of social security number:

Agency Affiliation:

Position:

Address:

City:

State: PA

Zip:

Phone #:

Fax Number:

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 : Virtual Leadership Group #1 _____ or Virtual Leadership Group #2 _____

Part II.

1) What is your Level of Education?

2) How many years of supervisory 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 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 Certificate..

(Signature of Agency Director)

Date

PART IV. LSFW LEARNING CONTRACT

• ALL WORKSHOPS ARE BEING HELD VIRTUALLY

- **ATTENDANCE:** Participants are not permitted more than one (1) absence for the entire LSFW course. More than one (1) absence may prevent individuals from receiving their credential.
- **CELL PHONE/BEEPERS:** In order to be able to focus solely on your own professional development for this training and not be distracted by other work responsibilities, please have phones turned off, or on the vibrate mode, when class is in session., and must be on screen with sound on mute unless in a group discussion or to ask questions.

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 scholarships are available.

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

SIGNATURE OF THE APPLICANT



Contact Information:

Eva Bey SFW Program Manager
412-350-5805 / Fax 412-323-2100

Eva.Bey@AlleghenyCounty.US



**Vitural Leadership Workshop Schedules 2020-2021
Groups 1 and 2**

Leadership Group #1 Fridays 8:30 A.M. -4:00 P.M.

Instructor TBA ZOOM

Workshop #1 October 2, 2020

Workshop # 2 October 16, 2020

Workshop #3 October 30, 2020

Workshop#4 November 13,2020

Workshop #5 Deecember 11,2020

Project Outlines Due December 18, 2020

Final Project Presentations and Report Due- February 12, 2021

Leadership Group #2 Thursdays 8:30 A.M.-4:00 P.M.

Instructor TBA ZOOM

Workshop #1 January 21, 2021

Workshop #2 February 4, 2021

Workshop#3 February 18, 2021

Workshop #4 March 4, 2021

Workshop #5 March 18, 2021

Project Outlines Due March 25, 2021

Final Project Presentations and Reports Due May 27, 2021