

## Harris Early Childhood Mental Health Training Program Application Form – Family Support Professionals (2018-2019)

### APPLICATION INFORMATION: HOW TO APPLY

1. Complete all three sections of the application.
2. Submit completed application and required documentation to:

Mailing Address:

ATTN: Lorraine Watts, Administrative Coordinator

Early Intervention Services

UCSF Benioff Children's Hospital Oakland

747 52<sup>nd</sup> Street

Oakland, CA 94609-1809

Email Address: [LOWatts@mail.cho.org](mailto:LOWatts@mail.cho.org)

Fax: (510) 238-9764

Hand-Delivery Address:

Early Intervention Services

312 Clay Street, Suite 150

Oakland, CA 94607

(Use Keypad Security System to access EIS administrative staff for building entry)

3. Application deadline is **5:00 PM, Wednesday, August 15, 2018**. Faxed or e-mailed applications are acceptable. If submitted electronically, scan and upload forms that require signatures.

### QUESTIONS

For program design or to arrange to speak to a program graduate to hear more about the impact of this training, contact Kriss Sulka, Harris Program Senior Faculty Team Leader, (510) 326-3350; [KSulka@mail.cho.org](mailto:KSulka@mail.cho.org). For assistance with the application process, contact Lorraine Watts, Administrative Coordinator, at (510) 428-8424; [LOWatts@mail.cho.org](mailto:LOWatts@mail.cho.org).

### ELIGIBILITY REQUIREMENTS

To be eligible to participate in the **Family Support Professionals component of the 2018-2019 Harris Early Childhood Mental Health Training Program (ECMHTP)**, you must meet the following eligibility requirements:

- You are able to commit to fully participating in the activities outlined in the commitment overview and have full support from your center/agency to participate in all project activities.

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## SECTION 1: APPLICANT INFORMATION

First Name		Last Name			
St. Address Number	Street Name		Unit	City	State CA Zip
Home Phone	Work Phone (if different)	Cell Phone		Fax:	
Email Address:			Specify the phone number & time to reach you		

## SECTION 2: CURRENT EMPLOYMENT INFORMATION

Agency Name		Program Name		Your Job Title	
Agency Address		Unit	City	State CA	Zip

Agency/Program Director's First Name		Last Name			
Address Number (if different from above)		Unit	City	State CA	Zip
Work Phone		Extension	Fax:		
Email Address:					

Supervisor's First Name		Last Name			
Address Number (if different from above)		Unit	City	State CA	Zip
Work Phone		Extension	Fax:		
Email Address:					

**Section 3: PARTICIPATION AGREEMENT**

I have fully reviewed the Program Outline and Individual/Agency Commitment sections for the *Family Support Professionals component of the Harris Early Childhood Mental Health Training Program* (ECMHTP) as outlined in the program announcement for the 2018-2019 training year; and I understand that if I am selected to participate, I will be required to participate in all the activities related to the training year. I agree to complete required documentation related to this program (i.e., self-assessments and evaluations) within the deadlines set. I am confident that I will be able to participate in all of the activities throughout the ten-month term of this project. I understand that the supervision/ consultation I receive about work with families and young children are for the purposes of professional development, and that the legal supervision of cases remains with my agency.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**DECLARATION OF AGENCY SUPPORT**

Please have the agency/program director/supervisor complete the following section:

I, \_\_\_\_\_ representing \_\_\_\_\_  
Name Name of agency/program/center

do hereby attest that our agency/program fully supports the participation of

\_\_\_\_\_ in the *FAMILY SUPPORT PROFESSIONALS*  
Name of applicant

*component of the Harris Early Childhood Mental Health Training Program.* I have reviewed the Commitment overview and understand that the applicant's participation in this project will require him/her to participate in all activities related to the training program year. I further understand that the supervision/consultation provided the applicant about work with families and young child is for the purposes of professional development, and that the legal supervision of the applicant on cases remains with the agency. I agree to provide further information if requested to do so. As an administrator, I agree to attend an orientation meeting. I also agree to contact the Harris ECMHTP director with any questions or concerns about the training program.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title