



Hilopa'a Project



Family to Family Health Information Center

Applications  
Available

## Hawaii's Title V Family Trainers Academy 2008

**Who:** This opportunity is available to those who meet the following criteria:

- 2 or more years of experience with individuals with disabilities and or children with special health care needs and family members
- Committed to working with community partners in the area of individuals with disabilities and families
- U.S. citizen or permanent resident visa status

**What:** A summer training institute to develop community based trainers to serve families, their professional partners and the local Community Children's Councils. The course work will focus on the following;

- Review of adult learning styles and application of strategies
- Development of training delivery skills
- Integration of culture and diversity into training activities
- Community leadership and facilitation
- Specific content knowledge in navigating the system

**When:** May—August 2008 (5 sessions over the summer, Friday-Saturday)

- 50 hours of scheduled classes
- 15 hours of extra curricular assignments

**Where:** Department of Pediatrics—Kapiolani Medical Center, Honolulu, Hawai'i  
Transportation and accommodations will be provided for neighbor island and rural O'ahu participants

**How:** This program is being sponsored by a partnership of the Hawai'i MCH LEND Program, the Hilopa'a Project and the Hilopa'a Family to Family Health Information Center. Complete the application form and provide 2 letters of reference. These forms are available online at [www.hilopaa.org/TitleVFTA.aspx](http://www.hilopaa.org/TitleVFTA.aspx). Application deadline is April 7, 2008. There is no cost to participants. Participation is limited. Apply today!

If you have questions, please contact the contact Leolinda Parlin at 808-282-6348 or send email to [training@hilopaa.org](mailto:training@hilopaa.org).



## Hawaii's Title V Family Trainers Academy 2008

**Directions:**

1. Print the form and complete the information below. Use additional sheets of paper if necessary.
2. Submit the completed form by mail to: MCH LEND Program, Kapi'olani Medical Center, 1319 Punahou Street, Room 739A,, Honolulu, Hawai'i 96826
3. You will be given priority consideration if your Application Form is submitted by **April 7, 2008**.
4. If you have questions contact Leolinda Parlin at 808-282-6348 or send email to [training@hilopaa.org](mailto:training@hilopaa.org).

**As a trainee, you may be eligible for funding through stipends. The availability of stipends is dependent upon the funds provided by the program's federal funding agency.**

SOCIAL SECURITY NUMBER  Do not provide until accepted into the training program	LEGAL NAME: FAMILY / LAST	FIRST / GIVEN			MIDDLE
CURRENT MAILING ADDRESS – NUMBER AND STREET		CITY	STATE	ZIP	PHONE NUMBERS:
					HOME
					CELL
PERMANENT MAILING ADDRESS – NUMBER AND STREET		CITY	STATE	ZIP	PHONE NUMBERS:
					HOME
					OTHER
EMAIL ADDRESS					
The training academy must report to several federal agencies summary data on the gender and ethnic background of its applicants. Therefore, it is required that each person applying for admission to the training academy indicate his or her gender and ethnic background on the application form. This information does not affect determination of admission.					
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHDATE MONTH/DAY/YEAR	CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER (SPECIFY)		NON-US CITIZEN VISA TYPE <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY)	
TYPE <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> SELF ADVOCATE <input type="checkbox"/> COMMUNITY PARTNER			ETHNICITY (LIST ALL)		
EMPLOYMENT INFORMATION					
YOUR CURRENT POSITION / JOB TITLE					
YOUR CURRENT EMPLOYING AGENCY:					

LIST YOUR EDUCATIONAL HISTORY:			
INSTITUTION	YEARS ATTENDED	DEGREE CONFERRED	MAJOR
COMPLETE THIS SECTION IF YOU ARE CURRENTLY ENROLLED IN A COLLEGE OR UNIVERSITY			
NAME OF INSTITUTION CURRENTLY ATTENDING	LOCATION (CITY/STATE)	TERM/YEAR CURRENTLY ENROLLED IN	MAJOR

(Please briefly answer these questions. Attach an additional sheet if necessary)

Briefly summarize your background related to children with special health care needs and individuals with disabilities:

What experience do you have in teaching, training, or facilitation?

Describe your natural strengths and skills, as well as how you have used or intend to use them in community leadership.

If selected to participant, you will be asked to serve as a trainer for a local Community Children’s Council (CCC). Are you willing to join a CCC?

Yes       No

APPLICANT’S CERTIFICATION	
<p>I certify that the responses provided on the Hawaii’s Title V Family Trainers Academy 2008 Application Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescision or denial of my admission. Further, I understand that if accepted into the program, I will be considered an MCH LEND Medium Term Trainee. The MCH LEND Program shares a common database with the Association of University Centers on Disability and summary data pertaining to students in the MCH LEND Training Program may be accessed. I confirm that I am able to participate in the training schedule set forth for the academy during this training period.</p>	
DATE _____	SIGNATURE _____

OFFICE USE ONLY:			
Date received:	Faculty Mentor:	Acceptance status	Stipend amount



## Hawaii's Title V Family Trainers Academy 2008 Reference Form

### SECTION A (TO BE COMPLETED BY THE APPLICANT)

#### Applicant's Directions:

1. **Print two (2) copies of this Form.**
2. Fill-in all the information for Section A (Applicant's information) and check the appropriate line for authorization and waiver.
3. Be sure to sign at the line for applicant.
4. **Give a copy of the ENTIRE FORM (both sections A and B) to two (2) reviewers.**

Name of applicant: _____
Name of person supplying recommendation: _____
Reviewer's Title: _____ Reviewer's Position: _____
Select one of the following:
<input type="checkbox"/> I hereby waive any and all rights to access to confidential letters pertaining to this application. I understand that the completed form will be held in confidence from me and the public by the University of Hawaii at Manoa.
<input type="checkbox"/> I do not waive my rights to access to this referral but I authorize the reference to provide a candid evaluation and all relevant information to the University of Hawaii at Manoa.
Applicant's signature: _____ Date: _____

**Give one copy of this entire form (Section A and Section B)  
to each reviewer.**

## SECTION B (TO BE COMPLETED BY THE REVIEWER)

### Reviewers' Directions:

1. Provide your estimate of the applicant's ability to participate and complete in the Hawaii's Title V Family Trainers Academy. The curriculum is designed as a "train the trainer" model and focuses on the content areas related to children and youth with special health needs and community leadership. Please complete the form below and send it by mail to:

**MCH LEND Program, Department of Pediatrics, Room 739A  
Kapi'olani Medical Center, 1319 Punahou Street  
Honolulu, Hawai'i 96826**

2. If you have questions or comments, please contact contact Leolinda Parlin at 808-282-6348 or send email to [training@hilopaa.org](mailto:training@hilopaa.org).

Name of applicant: \_\_\_\_\_

Name of person supplying recommendation: \_\_\_\_\_

Please rate the applicant on the following achievements and characteristics (check only one from each criterion):

	Excellent	Above Average	Average	Below Average	Unable to Judge
Ability to express herself/himself in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others who have different viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credibility in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability and follow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (please feel free to use another sheet to expand your comments)

In what capacity do you know the Applicant?

Applicant's signature:

Date:

Reviewer's phone number: \_\_\_\_\_