



West Coast Regional Skills Building Training

Thursday and Friday, March 10 – 11, 2005
9 pm – 5 pm
Embassy Suites, Anaheim South, Limba Room
11767 Harbor Blvd.
Garden Grove 92840

Application Form
Completed forms must be returned no later than February 14, 2005

First Name: _____ Last Name: _____

Agency/Organizational Affiliation: _____

Please check the box that best describes your Agency/Organizational Affiliation.

- CDC directly-funded Asian & Pacific Islander Community Based-Organization (check this box if your organization receives any money directly from CDC.) Please list which CDC contracts your agency receives, if known:

- Health Department and/or CDC indirectly-funded Community Based-Organization (i.e. through a subcontract)
- Other Community Based-Organization
- Non Agency/Organizational-Affiliated Community Member
- Not Sure/None of the Above

Title: _____

Address: _____

City _____ State/Jurisdiction: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

The following demographic information will be used to ensure representation of a variety of communities and perspectives at the training.

Age: _____ Ethnicity(ies): _____

Gender: _____ Sexual Orientation: _____

HIV/AIDS Status (optional): _____

Please check the program areas that your Agency/Organization provides.

- | | |
|---|--|
| <input type="checkbox"/> HIV Counseling, Testing, and Referral | <input type="checkbox"/> HIV Prevention Behavioral Interventions |
| <input type="checkbox"/> Partner Counseling and Referral Services | <input type="checkbox"/> HIV Prevention Social Marketing |
| <input type="checkbox"/> Active Referral and Linkages to Care and Treatment | <input type="checkbox"/> Other, Please Specify: _____ |
| <input type="checkbox"/> Prevention Case Management | <input type="checkbox"/> No Agency or Organizational Affiliation |

Please provide brief responses to the following questions. (200 words maximum per question).

1) Describe your personal and professional experiences doing HIV work in A&PI communities. Please specify the ethnic (for example South Asian, Southeast Asian, Filipino, etc.) and/or behavioral risk groups (women, youth, transgender, MSM, IDU, etc.) that you have worked with.

2) Describe your experience in developing and/or implementing and/or evaluating HIV prevention programs for A&PI communities. Please mention specific HIV prevention interventions, if any. Please also highlight any best practices that you might be willing to share with other participants.

3) Please state your current title in your agency/organization and explain how this training can benefit you and your organization.

4) **Your response to this question will not be scored.** As funding for this regional training is very limited, Please indicate below which of the following you are able to do.

- I will need lodging
- I will need assistance in travel (air, mileage, etc.)
- I will not need any lodging or travel assistance

Application Deadline: February 18, 2005

To apply email, or fax your completed application by February 18, 2005, and send to:

Email: elizabethm@apaitonline.org or michellm@apaitonline.org

Fax: 714-636-8828

For More Information

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