WRNA Training of Trainers Application

Contact Information

Name	
Position	
Agency	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Type of Agency

Which type of agency are you employed with?

___ Institution
___ Probation/Parole
___ Pre-Release
___ Other (specify) _____

Assessment Version

Which assessment are you interested in using (or are you currently using)?

___ Women's Risk Needs Assessment (Standalone)

___ Women's Supplemental Risk Needs Assessment (Trailer)

If interested in the Trailer, which gender-neutral assessment are you currently using (or plan to use)?

___ Level of Service Inventory – Revised
___ COMPAS
___ Other (specify)_____

Purpose

What is your purpose for wanting to use the assessment? (Check all that apply.)

___ Risk Assessment (custody/supervision decisions)
___ Needs Assessment (programming decisions)
___ Re-Entry Planning
___ Other (specify) _____

Prior Training

Summarize related prior training you have acquired throughout your education and employment.

Exploring Gender-Responsive Assessment/Classification

Describe any prior or current agency attempts to explore gender-responsive assessment/classification.

Supervisor Information

Name	
Position	
Agency	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Applications must be submitted by June 3, 2011

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Applicants will be notified June 24, 2011 via email if their application has been accepted.