

REGISTRATION FORM

Please write in the training you wish to attend (one form per person per training)

Training Date(s)	Training ID	Title of Training	Location

PLEASE PRINT CLEARLY:

Name: _____ Title: _____

Database changes:

My name has recently changed. It was: _____

Agency: _____

I recently moved from _____ Agency.

Responses Required:

Do you have any job responsibilities for ongoing case management for CPS or JJ cases or coverage for CPS/JJ? ____Yes ____No

Do you have any job responsibilities for working with children and/or youth placed in out-of-home-care or for licensing and supporting foster parents? ____Yes ____No

Do you supervise any of the above functions? ____Yes ____No

Please check one of the following to help determine your fee rate:

I am a county employee and employed by _____ County. (*Member rate*)

I am an employee of a Private Agency that a county contracts to provide services. The county we are contracted through is _____ County. (*Member rate*)

I am a Private Agency employee that is not contracted by a county to provide services. (*Private fee rate*)

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Fax: _____

Email: _____ Year child welfare experience began: _____

Supervisor's Name: _____ ADA needs: _____ Vegetarian meal requested

Please indicate method of payment (if applicable). **Make checks payable to: UW Madison**

Check enclosed Payment in process

PO enclosed Please send an invoice to: _____

Enrollment is limited, therefore, we advise you to fax a copy without waiting for a PO or check, as courses sometimes do fill up before the registration deadline. Enrollment is confirmed on a first come first served basis. If you need to cancel your registration please do so five business days prior to the training. Please cancel in writing via fax or email to trainings@southernpartnership.wisc.edu.

Send to:

Southern Child Welfare Training Partnership
455 Science Drive, Suite 110
Madison, WI 53711
Fax (608) 262-7117