

Notice to RCMA FL FDC of Start of Training Program

Please send this form to RCMA within 30 days of beginning the program, with the \$200 Training Program fee. Checks should be made out to RCMA FL FDC. Send to: Irene G. Brammertz, RCMA, 3314 Northside Drive #96, Key West, FL 33040-4180.

Instructor(s):

Name _____ Phone# _____ E-mail _____

Address _____

Name _____ Phone# _____ E-mail _____

Address _____

Portfolio advisor(s): (attach extra sheet if needed)

Name _____ Phone# _____ E-mail _____

Address _____

Name _____ Phone# _____ E-mail _____

Address _____

1. What are the *start* and *end* dates for your training program? _____

2. What organization (agency(s), college or coalition) is sponsoring this training? _____

3. Where is the training held? City/town _____ Zip code _____

4. How many workers are participating? _____ (Please attach a participant list with agency affiliations, addresses and phone numbers)

5. What are you charging? _____
What does this include? ___Manuals, ___Portfolio Advisement, ___Other (please specify) _____

6. Are any participants attending through scholarships or reduced fees?
Please describe _____

7. What is the timing structure for your training (i.e., how often do you meet, for what period of time)? _____

8. Briefly describe how field advising will be done (i.e., when and how often field advisors will be meeting with workers).

9. Anything else it would be useful for RCMA to know about your program? (use back of paper if needed)

FDC Informational Form*

To Be Completed By All FDC Participants, Trainers & Field Advisors

Name_____

Agency_____ Title _____

Address_____

City_____ State_____ Zip_____ E-Mail_____

Telephone_____ Fax_____

Location of Class (City)_____ County_____

Your Instructor's Name_____

Your Portfolio Advisor's Name_____

Are you participating in this training as part of your job? _____ Yes _____ No

The following information is only requested in the interest of gathering data and statistics on who is participating in the FDC program. If you do not wish to answer the questions below you can skip this portion.

What is your occupation?_____

What is your race?_____ What is your age?_____

_____ Female

_____ Male

Completed Education: (Please circle the level of education that you have completed)

GED

High School Diploma

Two-Year College

Undergraduate Degree

Graduate Degree

Doctorate

Other_____

Thank you for your participation in the FDC.

Please return this form to your FDC Trainer.

FDC Trainers: Please return all forms to Irene G. Brammertz at RCMA. Remember that you, your co-trainers and your field advisors must complete the forms as well as the class participants.

* adapted from the Alabama Family Development Credential Program, a special project of the Corporate Foundation for Children and FACTS