

# Illinois Trainers Network Supplement Application

For questions and additional information about the Illinois Trainers Network please call 800.649.1884 or visit us at [www.inccrra.org](http://www.inccrra.org).

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I am applying to become a/an:** *(check only one)*

- ITN Curricula Trainer     ITN Specialty Trainer

**Do you have access to the Internet?**    Yes    No

Indicate the number of years of experience you have in each area below:			
Child Care Center		Child Care Resource & Referral (CCR&R)	
Family Child Care Home		Early Intervention	
Group Family Child Care Home		Higher Education Faculty	
Head Start		Consultant	
School-Age/Youth Development Program		Other:	
Public or Private School			

## Experience Delivering Instruction to Adults

Provide information relevant to your experience as a trainer/adult educator within the last 3 years.

Attach a separate sheet if necessary.

Date	Title of Training/Course	Audience Type <i>(e.g. Center Staff, License-Exempt, Family Providers)</i>	Number of Contact Hours

## Gateways to Opportunity Content Areas

Identify your ability to instruct (*based on your educational background and experience*) in the Gateways to Opportunity Core Content Areas. Check the areas for which you have the expertise to deliver instruction.

- Human Growth and Development
- Health, Safety and Well-Being
- Observation and Assessment
- Curriculum or Program Design
- Interactions, Relationships and Environments
- Family and Community Relationships
- Personal and Professional Development

Check the languages that you are willing to offer your trainings in: (*check all that apply*)

- English
- Spanish
- Other \_\_\_\_\_
- Polish
- Arabic
- Chinese
- Japanese
- Korean
- Russian
- American Sign Language

Check the Illinois counties where you are willing to train. If you are willing to train in all counties, check "All Counties".

- All Counties
- Adams
- Alexander
- Bond
- Boone
- Brown
- Bureau
- Calhoun
- Carroll
- Cass
- Champaign
- Christian
- Clark
- Clay
- Clinton
- Coles
- Cook: City of Chicago
- Cook: North Suburbs
- Cook: West Suburbs
- Cook: South Suburbs
- Crawford
- Cumberland
- DeKalb
- DeWitt
- Douglas
- DuPage
- Edgar
- Edwards
- Effingham
- Fayette
- Ford
- Franklin
- Fulton
- Gallatin
- Greene
- Grundy
- Hamilton
- Hancock
- Hardin
- Henderson
- Henry
- Iroquois
- Jackson
- Jasper
- Jefferson
- Jersey
- Jo Daviess
- Johnson
- Kane
- Kankakee
- Kendall
- Knox
- La Salle
- Lake
- Lawrence
- Lee
- Livingston
- Logan
- Macon
- Macoupin
- Madison
- Marion
- Marshall
- Mason
- Massac
- McDonough
- McHenry
- McLean
- Menard
- Mercer
- Monroe
- Montgomery
- Morgan
- Moultrie
- Ogle
- Peoria
- Perry
- Piatt
- Pike
- Pope
- Pulaski
- Putnam
- Randolph
- Richland
- Rock Island
- Saline
- Sangamon
- Schuyler
- Scott
- Shelby
- St. Clair
- Stark
- Stephenson
- Tazewell
- Union
- Vermilion
- Wabash
- Warren
- Washington
- Wayne
- White
- Whiteside
- Will
- Williamson
- Winnebago
- Woodford

**Personal Statement** *(Current ITN trainers do not need to submit if already on file at INCCRRA.)*

Attach a 250-500 word typewritten response explaining why you are interested in providing trainings for ITN and discuss your views regarding professional development and continuing education in the field of early care.

**References** *(Current ITN trainers do not need to submit if already on file at INCCRRA.)*

Three signed **and sealed** letters of reference must be included with your completed application. Three reference forms have been included for this purpose. The three references should be:

1. Training Reference *(someone familiar with your training abilities – this individual may be a participant)*
2. Professional Reference *(someone familiar with your professional abilities)*
3. Personal Reference *(someone familiar with your personal attributes)*

INCCRRA reserves the right to contact any of your references.

**Related Professional Experience** *(optional)*

Please attach a list of lectures, publications, professional organizational membership(s), committee chair(s) or membership in community and/or social service organizations or educational travel that you would consider relevant to your ability to perform the duties of an ITN trainer.

**How did you first learn about ITN?**

- Center Director     Local Child Care Resource & Referral     Conference/ Presentation     Mailing  
 Co-Worker     Provider Association     Website     Other \_\_\_\_\_

**APPLICANT SIGNATURE**

If accepted into ITN, I understand that I must submit to the highest level of professionalism and must adhere to ITN responsibilities, guidelines and expectations as stated in the policy and procedure manual. I understand that any trainer who has a founded child abuse, sexual abuse or neglect case will be denied status as an approved trainer and will be withdrawn from the program. Any trainer who is indicated for child abuse, sexual abuse or neglect cannot train until he/she provides the appropriate program coordinator with a written report from the Illinois Department of Family and Child Services (IDCFS) clearing him/her of the charges. A trainer cited for licensing violations may not train until he/she provides the appropriate program coordinator with a written correction and report.

I acknowledge that I have read the above requirements. Submission of an application does not guarantee acceptance into ITN. If accepted into ITN, I agree to comply with the above statement.

**Print Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701**

## Illinois Trainers Network Supplement Application Checklist

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Any missing documentation will delay the application process and could lead to ineligibility for participating in the program. I have enclosed:

### Enclosed      On File at INCCRRA

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> |                       | Completed, signed Participant Application or Information Update Form  |
| <input type="radio"/> |                       | ITN Supplement Application, completed and signed  |
| <input type="radio"/> | <input type="radio"/> | Official transcript(s) of college degree(s) completed sealed in original envelope from college/university <i>(as reported on the Participant Application/Information Update Form)</i> |
| <input type="radio"/> | <input type="radio"/> | Copies of valid credentials <i>(as reported on the Participant Application/Information Update Form)</i>   |
| <input type="radio"/> | <input type="radio"/> | Copies of current certifications <i>(First Aid and CPR as reported on the Participant Application/Information Update Form)</i>  |
| <input type="radio"/> | <input type="radio"/> | Proof of experience as a trainer/adult educator within the last 3 years <i>(e.g. agenda, instructional outline, conference program, etc.)</i>   |
| <input type="radio"/> | <input type="radio"/> | Copy of vitae or resume   |
| <input type="radio"/> | <input type="radio"/> | Personal Statement <i>(Current ITN trainers do not need to submit if already on file at INCCRRA.)</i>   |
| <input type="radio"/> | <input type="radio"/> | Completed letters of reference <i>(Current ITN trainers do not need to submit if already on file at INCCRRA.)</i>   |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 form   |
| <input type="radio"/> | <input type="radio"/> | Related professional experience <i>(optional)</i>   |

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