**DHPE Domain Training Participation Form**

***Shaping Policy for Health: DHPE’s Competency-based Health Policy and Environmental Change Domain Training***

**Completed forms due May 31, 2012 by 4 PM**

Complete this form and submit it electronically to Kati Moseley, [katarina.moseley@state.or.us](mailto:katarina.moseley@state.or.us)

**Questions:**

Kati Moseley, [katarina.moseley@state.or.us](mailto:katarina.moseley@state.or.us), 971-673-1002

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| **Demographics** | |
| Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| Phone: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Position title: | Click here to enter text. |
| Length of employment in current position: | Click here to enter text. |
| Brief Summary of current responsibilities | Click here to enter text. |

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| **Indicate the domain trainings to which you are applying (check all) :** |

Assessing and Framing the Policy Problem

Using Policy Analysis Tools

Influencing the Policy Change Process

Implementing Enacted Policies

Evaluating Policy Interventions

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| **Interest Statement:** |

Please describe why are you are interested in the domain trainings that you have selected, including information about you and your job that relates to why these trainings will be helpful to you, and how you plan to use what you will learn from the trainings. Maximum length: 500 words.

Click here to enter text.

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| **Read the following statements and mark the check box next to each statement that is true for you. This is to help us know you better; if none of these apply to you, we still welcome your application.** |

I have not attended a national-level conference or training in the last year.

I have elected to apply to attend three or more of the trainings.

I have been working in a position responsible for policy, system, and environmental changes to improve public health for two years or less.

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| **Acknowledgement of Requirements** |

Submission of this form indicates that you and your supervisor understand the requirements for inclusion in the DHPE domain trainings in Oregon if selected.

Participant accept responsibility for working out the following arrangements with their employers before confirming their attendance at domain trainings. Please initial each box after speaking with your supervisor.

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| **Action** | Participant Initials | Supervisor Initials |
| Spend two days at each DHPE Shaping Policy for Health domain trainings to which you’re accepted. |  |  |
| Travel out of town for each of the DHPE Shaping Policy for Health domain trainings to which you’re accepted. |  |  |
| The grantee will cover all travel expenses for coordinators (transportation, lodging, meals outside of the training). |  |  |
| Share learning with colleagues in your organization, coalition and regional support network. |  |  |