Application for Simulation Funding

Date: __________

Agency Name: ______________________________________________________________

Agency Contact Person: __________________________ Phone: __________________________

E-mail: ________________________________

United Way Organization? Y/N

What type of simulation are you looking for? (individual skills training, families or groups, administrative skills training, child abuse and neglect, large scale simulation, or team based interdisciplinary)

____________________________________________________________________________

____________________________________________________________________________

If interested in individual skills training, please specify what skills or experience you would like your trainees to have. (suicide assessment, motivational interviewing, debriefing, substance abuse, administrative skills, community skills etc…)

____________________________________________________________________________

____________________________________________________________________________

How long would you like the training to be?

1. Half-day
2. One day
3. Two days
4. Three days

What date(s) do you wish to provide this training for your staff?

____________________________________________________________________________

How many individuals will attend this training? __________________________

Do you have an approximate budget for providing the training? __________________________

What is the skill level of the trainees?

1. Beginner
2. Intermediate
3. Advanced
Please provide any additional information that will be helpful in determining funding for your simulation needs.