

The Regional CACs present

Multidisciplinary Team Development Training

September 10 – 13 or October 8 – 11, 2007

Huntsville, Alabama

*Hosted by the
Southern Regional Children's Advocacy Centers*

APPLICATION FOR TUITION-FREE TRAINING

Application Deadline: June 29, 2007

This training is specifically designed for professional from various disciplines who participate in a CAC multidisciplinary team and wish to develop and enhance team skills and relationships.

In this course, you will learn how to:

- Enhance team collaboration from first response throughout the case
- Nurture team identity, commitment, trust, and awareness
- Build team support of Standards of Practice for CACs
- Help your team solve problems and develop action plans
- Manage conflict and resolve differences

To apply for this tuition-free opportunity for your team to attend one of the above dates, the application must include the following:

- **Completed Team Information, including an attached sheet describing your center's history**
- **Completed Check List of Eligibility Requirements**
- **Signed Letters of Assurance from each team member and their supervisor**

From the received applications, each of the four Regional CACs will select two teams (one to attend for each session).

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Multidisciplinary Team Development Application 2007

Deadline for Submission: June 29, 2007
Return via fax to 256-327-3859

Team Information:

Name of CAC: _____

Address: _____
Mailing address City State ZIP

Telephone: _____ Fax: _____

When was your CAC established? _____ NCA Membership (circle): Accredited Associate Developing

List the county or counties served by your CAC: _____

On a separate sheet of paper, tell us about your center's history:

- The impetus for starting your CAC
- Sources of funding
- Regular team meetings: how often, meeting objectives, etc
- Significant team strengths
- Current team challenges

Your Team's Point of Contact:

Your Team's Point of Contact (POC) is the person who will be handling this application, as well as communicating with the SRCAC Academy office and your team regarding this training.

Who will be serving as your Team's POC? _____

POC's Agency: _____ POC's Title: _____

POC's Phone: _____ POC's Email: _____

As the Team's Point of Contact, I agree to the following:

- To provide a full explanation of the purpose of this training and each person's role to each applying team member
- To distribute a full copy of this application to each applying team member for their commitment signature
- Should there be a substitution of a team member, I agree to notify the Academy office immediately. I will also be working with my Regional CAC to approve these changes as they will necessarily follow the guidelines for represented disciplines as listed on page 3.

Please rank your team's session preference (1st or 2nd choice). Although we cannot guarantee which session will be available, we will make every effort to meet your first choice if your team is selected.

_____ **September 10-13, 2007** _____ **October 8 – 11, 2007**

Mark with an "X" if one of these dates is known to be impossible for your team.

II. Check List of Eligibility Requirements

In order to be eligible for the Multidisciplinary Team Development training, your team must meet the following requirements.

Initial each box that applies to your team.

1. Our current team responds and reviews child abuse cases from the onset of report and throughout legal, medical, and therapeutic intervention.
2. Our community's multidisciplinary team consists of all of the following disciplines:
 - Law Enforcement
 - Child Protection Services / Social Services
 - Prosecution
 - Mental Health / Therapy
 - Medical
 - Victim Advocacy
3. In order for our team to be eligible for this training, we commit to sending six team members.
 - a. **The following four disciplines must be represented:**
 - Law Enforcement
 - Child Protection Services / Social Services
 - Prosecution
 - Mental Health / Therapy
 - b. **The two remaining team members maybe from the disciplines listed above or from the following:**
 - Medical
 - Victim Advocacy
 - Team Coordinator/Leader (the person who provides facilitation and leadership to your team)
4. We understand that **no more than two members may be from any one discipline.**
5. We understand that the **six approved professionals** must attend.
6. Our application includes a signed Letter of Assurance from each team member and each team member's supervisor.
7. Each individual attendee from our team commits to the following:
 - Attend the entire training session
 - Give and accept constructive feedback
 - Share the knowledge and skills gained at the Academy with others from our community
 - Participate fully in all team learning activities, which may include role playing, videotape exercises, classroom discussions, and after-hours group activities.
8. Should our team be selected, we agree to the following conditions:
 - We agree to make all efforts to send the six team members enclosed in this application. Should a substitution be necessary, it will be after all other options have been exhausted. Substitution will be made in accordance with the guidelines of the attending disciplines as listed above. Our Team POC will notify and seek approval from the Academy office and your Regional CAC immediately upon such substitution.
 - If our team is selected, we have an obligation to attend the training under the guidelines listed above. Should a cancellation be necessary, it would be under the most extreme and unavoidable of circumstances. In such a case, we will notify the Academy office within 45 days of the training.
 - This tuition-free opportunity does not cover the costs of travel or accommodations for team members.
 - Our team and/or team members may be asked to provide additional information prior to training.

Important Note: Team Applications with less than six members will not be accepted.

Letter of Assurance from Law Enforcement Team Member:

In applying to the National CAC Academy, I attest to the following (please initial):

- I am committed to supporting the Children’s Advocacy Center program or Multidisciplinary Team model in my community.
- I do not anticipate changing assignments or place of employment to areas unrelated to child abuse investigation and services within the next twelve months.
- I agree to attend the entire training session.
- I agree to actively participate in the training experience, including classroom discussions and after-hour activities.
- I agree to give and accept constructive feedback.
- I agree to share the knowledge and skills gained at the Academy with others in my community.
- I understand that my signature is a commitment that I am making in order for my team to receive the tuition-free training.

Name _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone _____ Fax: _____

Email: _____

How long have you been in your current position? _____

Please provide a short narrative of your role on the Multidisciplinary Team: _____

Team Member’s Signature: _____

Assurance from Team Member’s Supervisor:

The signature below represents the commitment of the listed community agency to the following items and to the CAC/multidisciplinary team approach in our community.

In applying to the National CAC Academy, we attest to and understand the following:

- Our community currently operates or is committed to supporting a Children’s Advocacy Center and/or a Multidisciplinary Team Model.
- Should our team be selected, we have identified individuals to attend the training who are willing and capable of actively participating in the training experience, giving and receiving constructive feedback, and sharing the knowledge and skills gained in the training with others in our community.
- As the supervising agency of this team member, we commit to sending the individual listed above to the Multidisciplinary Team Development Training. Should a substitution be necessary, it would be under the most unavoidable of situations and the Academy office must be notified within 30 days of the training. My Regional CAC office must also approve any such substitution.
- We understand that this is a commitment for each team member to attend the entire training.

Chief Law Enforcement Official (supervisor of the Law Enforcement Team Member):

Supervisor’s Name: _____ Supervisor’s Title: _____

Agency/Organization: _____ Date: _____

Supervisor’s Signature: _____

Letter of Assurance from Child Protection Services/Social Services Team Member:

In applying to the National CAC Academy, I attest to the following (please initial):

- I am committed to supporting the Children’s Advocacy Center program or Multidisciplinary Team model in my community.
- I do not anticipate changing assignments or place of employment to areas unrelated to child abuse investigation and services within the next twelve months.
- I agree to attend the entire training session.
- I agree to actively participate in the training experience, including classroom discussions and after-hour activities.
- I agree to give and accept constructive feedback.
- I agree to share the knowledge and skills gained at the Academy with others in my community.
- I understand that my signature is a commitment that I am making in order for my team to receive the tuition-free training.

Name _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone _____ Fax: _____

Email: _____

How long have you been in your current position? _____

Please provide a short narrative of your role on the Multidisciplinary Team: _____

Team Member’s Signature: _____

Assurance from Team Member’s Supervisor:

The signature below represents the commitment of the listed community agency to the following items and to the CAC/multidisciplinary team approach in our community.

In applying to the National CAC Academy, we attest to and understand the following (please initial):

- Our community currently operates or is committed to supporting a Children’s Advocacy Center and/or a Multidisciplinary Team Model.
- Should our team be selected, we have identified individuals to attend the training who are willing and capable of actively participating in the training experience, giving and receiving constructive feedback, and sharing the knowledge and skills gained in the training with others in our community.
- As the supervising agency of this team member, we commit to sending the individual listed above to the Multidisciplinary Team Development Training. Should a substitution be necessary, it would be under the most unavoidable of situations and the Academy office must be notified within 30 days of the training. My Regional CAC office must also approve any such substitution.
- We understand that this is a commitment for each team member to attend the entire training.

Leading Local CPS Official (supervisor of the CPS Member):

Supervisor’s Name: _____ Supervisor’s Title: _____

Agency/Organization: _____ Date: _____

Supervisor’s Signature: _____

Letter of Assurance from Prosecution Team Member:

In applying to the National CAC Academy, I attest to the following (please initial):

- I am committed to supporting the Children’s Advocacy Center program or Multidisciplinary Team model in my community.
- I do not anticipate changing assignments or place of employment to areas unrelated to child abuse investigation and services within the next twelve months.
- I agree to attend the entire training session.
- I agree to actively participate in the training experience, including classroom discussions and after-hour activities.
- I agree to give and accept constructive feedback.
- I agree to share the knowledge and skills gained at the Academy with others in my community.
- I understand that my signature is a commitment that I am making in order for my team to receive the tuition-free training.

Name _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone _____ Fax: _____

Email: _____

How long have you been in your current position? _____

Please provide a short narrative of your role on the Multidisciplinary Team: _____

Team Member’s Signature: _____

Assurance from Team Member’s Supervisor:

The signature below represents the commitment of the listed community agency to the following items and to the CAC/multidisciplinary team approach in our community.

In applying to the National CAC Academy, we attest to and understand the following (please initial):

- Our community currently operates or is committed to supporting a Children’s Advocacy Center and/or a Multidisciplinary Team Model.
- Should our team be selected, we have identified individuals to attend the training who are willing and capable of actively participating in the training experience, giving and receiving constructive feedback, and sharing the knowledge and skills gained in the training with others in our community.
- As the supervising agency of this team member, we commit to sending the individual listed above to the Multidisciplinary Team Development Training. Should a substitution be necessary, it would be under the most unavoidable of situations and the Academy office must be notified within 30 days of the training. My Regional CAC office must also approve any such substitution.
- We understand that this is a commitment for each team member to attend the entire training.

District Attorney (supervisor of the Prosecution Team Member):

Supervisor’s Name: _____ Supervisor’s Title: _____

Agency/Organization: _____ Date: _____

Supervisor’s Signature: _____

Letter of Assurance from Mental Health Team Member:

In applying to the National CAC Academy, I attest to the following (please initial):

- I am committed to supporting the Children’s Advocacy Center program or Multidisciplinary Team model in my community.
- I do not anticipate changing assignments or place of employment to areas unrelated to child abuse investigation and services within the next twelve months.
- I agree to attend the entire training session.
- I agree to actively participate in the training experience, including classroom discussions and after-hour activities.
- I agree to give and accept constructive feedback.
- I agree to share the knowledge and skills gained at the Academy with others in my community.
- I understand that my signature is a commitment that I am making in order for my team to receive the tuition-free training.

Name _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone _____ Fax: _____

Email: _____

How long have you been in your current position? _____

Please provide a short narrative of your role on the Multidisciplinary Team: _____

Team Member’s Signature: _____

Assurance from Team Member’s Supervisor:

The signature below represents the commitment of the listed community agency to the following items and to the CAC/multidisciplinary team approach in our community.

In applying to the National CAC Academy, we attest to and understand the following (please initial):

- Our community currently operates or is committed to supporting a Children’s Advocacy Center and/or a Multidisciplinary Team Model.
- Should our team be selected, we have identified individuals to attend the training who are willing and capable of actively participating in the training experience, giving and receiving constructive feedback, and sharing the knowledge and skills gained in the training with others in our community.
- As the supervising agency of this team member, we commit to sending the individual listed above to the Multidisciplinary Team Development Training. Should a substitution be necessary, it would be under the most unavoidable of situations and the Academy office must be notified within 30 days of the training. My Regional CAC office must also approve any such substitution.
- We understand that this is a commitment for each team member to attend the entire training.

CEO of Agency Providing Mental Health (supervisor of the Mental Health Representative):

Supervisor’s Name: _____ Supervisor’s Title: _____

Agency/Organization: _____ Date: _____

Supervisor’s Signature: _____

Letter of Assurance from Team Member #5: Circle the appropriate discipline for the fifth team member:

Medical Victim Advocate Team Coordinator Law Enforcement CPS Prosecution Mental Health

In applying to the National CAC Academy, I attest to the following (please initial):

- I am committed to supporting the Children’s Advocacy Center program or Multidisciplinary Team model in my community.
- I do not anticipate changing assignments or place of employment to areas unrelated to child abuse investigation and services within the next twelve months.
- I agree to attend the entire training session.
- I agree to actively participate in the training experience, including classroom discussions and after-hour activities.
- I agree to give and accept constructive feedback.
- I agree to share the knowledge and skills gained at the Academy with others in my community.
- I understand that my signature is a commitment that I am making in order for my team to receive the tuition-free training.

Name _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone _____ Fax: _____

Email: _____

How long have you been in your current position? _____

Please provide a short narrative of your role on the Multidisciplinary Team: _____

Team Member’s Signature: _____

Assurance from Team Member’s Supervisor:

The signature below represents the commitment of the listed community agency to the following items and to the CAC/multidisciplinary team approach in our community.

In applying to the National CAC Academy, we attest to and understand the following (please initial):

- Our community currently operates or is committed to supporting a Children’s Advocacy Center and/or a Multidisciplinary Team Model.
- Should our team be selected, we have identified individuals to attend the training who are willing and capable of actively participating in the training experience, giving and receiving constructive feedback, and sharing the knowledge and skills gained in the training with others in our community.
- As the supervising agency of this team member, we commit to sending the individual listed above to the Multidisciplinary Team Development Training. Should a substitution be necessary, it would be under the most unavoidable of situations and the Academy office must be notified within 30 days of the training. My Regional CAC office must also approve any such substitution.
- We understand that this is a commitment for each team member to attend the entire training.

Supervisor of Team Member #5:

Supervisor’s Name: _____ Supervisor’s Title: _____

Agency/Organization: _____ Date: _____

Supervisor’s Signature: _____

Letter of Assurance from Team Member #6: Circle the appropriate discipline for the fifth team member:

Medical Victim Advocate Team Coordinator Law Enforcement CPS Prosecution Mental Health

In applying to the National CAC Academy, I attest to the following (please initial):

- I am committed to supporting the Children’s Advocacy Center program or Multidisciplinary Team model in my community.
- I do not anticipate changing assignments or place of employment to areas unrelated to child abuse investigation and services within the next twelve months.
- I agree to attend the entire training session.
- I agree to actively participate in the training experience, including classroom discussions and after-hour activities.
- I agree to give and accept constructive feedback.
- I agree to share the knowledge and skills gained at the Academy with others in my community.
- I understand that my signature is a commitment that I am making in order for my team to receive the tuition-free training.

Name _____ Title: _____

Agency/Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone _____ Fax: _____

Email: _____

How long have you been in your current position? _____

Please provide a short narrative of your role on the Multidisciplinary Team: _____

Team Member’s Signature: _____

Assurance from Team Member’s Supervisor:

The signature below represents the commitment of the listed community agency to the following items and to the CAC/multidisciplinary team approach in our community.

In applying to the National CAC Academy, we attest to and understand the following (please initial):

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- As the supervising agency of this team member, we commit to sending the individual listed above to the Multidisciplinary Team Development Training. Should a substitution be necessary, it would be under the most unavoidable of situations and the Academy office must be notified within 30 days of the training. My Regional CAC office must also approve any such substitution.
- We understand that this is a commitment for each team member to attend the entire training.

Supervisor of Team Member #6:

Supervisor’s Name: _____ Supervisor’s Title: _____

Agency/Organization: _____ Date: _____

Supervisor’s Signature: _____

Letter of Assurance from the local CAC Director/Lead Agency Director:

Is the Director of your Children’s Advocacy Center attending the Training and has therefore completed a Letter of Assurance elsewhere in the application? _____

If not, complete the following portion that gives your Director’s Letter of Assurance in support of the Team Training:

In applying to the National CAC Academy, we attest to and understand the following:

- ___ Our community currently operates or is committed to supporting a Children’s Advocacy Center and/or a Multidisciplinary Team Model.
- ___ Should our team be selected, we have identified individuals to attend the training who are willing and capable of actively participating in the training experience, giving and receiving constructive feedback, and sharing the knowledge and skills gained in the training with others in our community.
- ___ As the supervising agency of this team member, we commit to sending the individual listed above to the Multidisciplinary Team Development Training. Should a substitution be necessary, it would be under the most unavoidable of situations and the Academy office must be notified within 30 days of the training. My Regional CAC office must also approve any such substitution.
- ___ We understand that this is a commitment for each team member to attend the entire training.

Name: _____ Title: _____

Agency/Organization: _____ Date: _____

Signature: _____

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Please take a moment to thank your Congressman and Congressman Robert E. "Bud" Cramer for providing the funds to pay for this training. Congressman Cramer can be contacted at 2368 Rayburn House Office Building, Washington, D.C. 20515-0105. PHONE: (202) 225-4801, FAX: (202) 225-4392, or E-MAIL: budmail@mail.house.gov