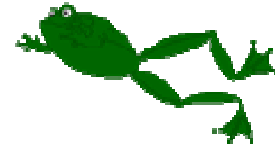


# Leadership in Advocacy and Planning (LEAP) Training



## ELIGIBILITY REQUIREMENTS

Eligibility for participation in LEAP is limited to individuals living with HIV/AIDS who

- are interested in getting involved in Ryan White Comprehensive AIDS Resources Emergency (CARE) Act-related advisory and planning groups,
- are already involved but feel a need for training/education on how these groups operate, or
- are interested in learning how to organize within their own communities.

## THE LEAP TRAINING OFFERS INDIVIDUALS LIVING WITH HIV/AIDS...

- a safe space in which to explore individual leadership strengths and goals
- a better understanding of leadership opportunities in the AIDS community
- an increased sense of personal empowerment

Conceived, developed and directed by people living with HIV and AIDS, the LEAP training is supported by the Health Resources and Services Administration (HRSA) through a cooperative agreement with the Academy for Educational Development (AED).

To obtain an application or to find out more information about the LEAP training, please contact **Adriann Hawkins at 202-884-8617 or [ahawkins@aed.org](mailto:ahawkins@aed.org) or Scott Thompson at 202-884-8895. Applications for the New Orleans LEAP training scheduled for November 28-30 are due by November 14. Application to LEAP does not guarantee participation because space is limited.** You will be notified after we receive your application and it has been reviewed.

Please mail, fax, or email completed application forms to:

**Adriann Hawkins**  
**Academy for Educational Development**  
**1825 Connecticut Avenue, NW**  
**Washington, D.C. 20009**  
**Fax: 202.884.8474**  
**Email: [ahawkins@aed.org](mailto:ahawkins@aed.org)**



**Center on AIDS & Community Health**

Strengthening Consumer Involvement and Leadership (SCILS) Project  
Academy for Educational Development (AED)/National Association of People with AIDS (NAPWA)

# Leadership in Advocacy and Planning (**LEAP**) Training Application Form

PLEASE PRINT ALL REQUESTED INFORMATION CLEARLY

**The following information is necessary for evaluating the program.**

**ALL INFORMATION SUBMITTED WILL BE KEPT COMPLETELY CONFIDENTIAL**

**\*\*You must be HIV+ to be considered for this program\*\***

Each **LEAP** training is two and a half days long. We ask that you commit to attending all three days. If you are selected to participate in LEAP, the Academy for Educational Development will contact you to provide the necessary logistical information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_  
 Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (*if different from above*)

Street Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**RACE/ETHNICITY**

- American Indian
- Asian/Pacific Islander
- Latina/Latino
- Black, Non-Hispanic
  - African
  - Caribbean
- White/Non-Hispanic
- Other (please specify)

**AGE GROUPING**

- Adolescent (13-19)
- Young Adult (20-24)
- Adult (25-49)
- Adult (50 +)

**EDUCATION**

- High School: Grade \_\_\_\_\_
- High School Diploma/GED
- College – 2 Years
- College – 4 Years
- Graduate School
- Other (please specify)

**EMPLOYED**

- Yes  No

**SEX**

- Male  Female  Transgender/Identify as Male  Transgender/Identify as Female

**SELF-IDENTIFICATION**

***Please check all of the categories that describe you:***

- Individual with a history of substance abuse
- Individual who is in a drug treatment program
- Person living with HIV
- Person living with AIDS
- Bisexual
- Individual with a history of incarceration
- Individual with a history of homelessness
- Individual with a history in the sex trade industry
- Gay or Lesbian
- Heterosexual

**How did you hear about LEAP?**

- Friend  Service Provider  LEAP flyer  Other (please specify) \_\_\_\_\_

Would you like to be contacted about upcoming events for People with HIV/AIDS? Yes  No

# Leadership in Advocacy and Planning (LEAP) Training Application Form

The Academy for Educational Development makes every effort to support your involvement in the LEAP training by providing the following:

- Local Transportation Reimbursement
- Meals
- Reimbursement for Childcare if needed

**Please answer the following questions to help us support your involvement in LEAP:**

1. Do you require any of the following to participate in LEAP?  
(Please circle the appropriate response for each item below.)

Refrigeration for Medications **Yes** or **No**  
Childcare Reimbursement **Yes** or **No**  
Other **Yes** or **No**

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2. Do you have any special dietary needs that we should be aware of? Please circle: **Yes** or **No**  
If yes, please specify:

Vegetarian  
 Other (please describe below)

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3. Do you have any special physical needs that might affect your participation in LEAP?  
Please circle: **Yes** or **No**  
If yes, please specify:

Blind/Visually Impaired  
 Deaf/Hard of Hearing  
 Wheelchair user/Mobility Problems  
 Other (please describe below)

# Leadership in Advocacy and Planning (LEAP) Training Application Form

Are you a member of, or do you participate in, any of the following? Please check all that apply:

- 1. Ryan White Title I planning council member
- 2. Ryan White Title II Consortium member
- 3. Committee member of \_\_\_\_\_ committee
- 4. Community Advisory Board (CAB) member
- 5. HIV prevention Community Planning Group (CPG) member
- 6. Staff or board member of a community-based organization
- 8. ADAP Advisory Group member
- 9. Title III Advisory Group member
- 10. Title IV Advisory Group member
- 11. Member of PLWH Caucus/Group

Please list and describe in your own words your community involvement in HIV/AIDS or Ryan White related activities, for example completion of leadership development or training programs offered by AIDS Alliance, NAPWA, Cicitelli Associates, etc.

What skills do you feel you would like to develop in order to be more effective in community work?

What do you expect to get out of the LEAP training?

How do you plan to use what you learn from the LEAP training?

# Leadership in Advocacy and Planning (LEAP) Training

## Participant Information

*The following information is necessary in case of an emergency. It is for our program use only and will only be used in case of an emergency.*

Person to contact in case of emergency: \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Does this person know your HIV status? Yes \_\_\_ No \_\_\_

Do you have any medical condition *other than HIV/AIDS* that we should be aware of?  
(Please circle) Yes or No

If yes, please describe below:

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