

GLBT Health Access Project Training Application

Program Information

Agency _____

Address _____

Contact Person _____

Telephone _____ Fax _____

Email _____

Staffing: _____ # of staff at your agency

_____ # of staff that will attend the GLBT Health Access Training

Breakdown of staff to be trained:

_____ Administrators/Directors _____ Direct-care staff _____ Support staff

Type of Agency (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adolescent service | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Alcohol/drug treatment | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Community health/mental health | <input type="checkbox"/> Social service agency |
| <input type="checkbox"/> Day care facility | <input type="checkbox"/> STD counseling and testing |
| <input type="checkbox"/> Domestic violence program | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> University/college program |
| <input type="checkbox"/> Geriatric services | <input type="checkbox"/> Urgent care/emergency services |
| <input type="checkbox"/> Health profession training program | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HIV services | |

Has your agency sponsored any diversity, cultural competence, or GLBT-specific trainings for staff?

Yes No

Please send completed form to:
GLBT Health Access Project
130 Boylston Street
Boston, MA 02116

Or fax the completed form to:
617-457-8133

If you have questions, contact us at: access@jri.org