



Positive Leadership Development Institute Application Form



Positive Leadership
Development Institute

Please send your completed application to
Fax number 416-364-1250 or TJewel@OAN.Red

Please Print Clearly

Contact Information

Name	
Street Address	
City/Postal Code	
Phone	
If we get voice mail or answering service, may we leave you a message?	Yes or No
E-Mail Address	

Demographic Information:

The demographic information collected is to help ensure diversity of participants in the training and for program reporting purposes (Names will not be associated with the information reported)

I identify my ethnicity/race as: _____

My age is: _____

My highest Education: _____

I identify my gender as: _____

I identify my sexual orientation as: _____



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

Do you:

Require Refrigeration for medications: Yes or No

Require Childcare reimbursement: Yes or No

Please review OAN childcare guidelines

Childcare Guidelines to attend OAN Workshops/Meetings

Childcare Reimbursement Guidelines

Revised- August 25, 2016

- Prior written approval for reimbursement of childcare expenses is required for each workshop/meeting. Once approval given, the OAN caregiver form will be provided.
- Have a child 15 years old or younger or have a child over 15 years old who requires special care.
- Provide proof of guardianship and the age of the child e.g. birth certificate; for a child requiring special care, provide proof of care requirement.
- Reimbursement will only be provided if you incur expenses above and beyond your usual costs for child care as a direct result of attendance at the workshop/meeting. The intention is not to reimburse for normal childcare expenses incurred during normal work hours.
- Reimbursement will not be provided for workshop/meetings and events taking place at a time when school-aged children should be in school, unless under exceptional circumstances, such as statutory holidays, vacation days and days when schools are closed for professional development or other reasons.
- Reimbursement of actual costs will be \$10 per hour to a maximum of \$75 per 24-hour period, regardless of the number of children.
- Reimbursement will not apply for childcare provided by family members (e.g. spouse/partners)

Reimbursement will only be made when:

- Childcare expenses are paid for while attending an OAN workshop/meeting. These expenses are above what the participant normally pays for childcare services.
- Childcare has been paid to a third party for the provision of care while attending an OAN workshop/meeting.
- The OAN caregiver form is signed by the participant and the caregiver.
- Completed caregiver form attached to expense claim form is received no later than 10 days after the event took place.

Have any special physical needs that might affect your participation in the training such as: visual or hearing impairment; use a wheelchair or mobility problems; etc. and/or allergies or food restrictions? Please state below:

Medical Marijuana

Health Canada Authorization Form

Club Card

Not Applicable



Interests

Tell us what some of your interests are:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, volunteer work, or through other activities, including hobbies or sports.

HIV Community Involvement

Please list and describe your involvement in the HIV/AIDS community and/or other community involvement.

What do you expect to get out of this training?



How do you plan to use this training in your community work?

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Person to Notify in Case of Emergency

Name	
Street Address	
City/Postal Code	
Home Phone	
E-Mail Address	
Is this person aware of your HIV status	Yes or No

Agreement and Signature

I certify that the information on this registration form is accurate and wish to submit this application to attend the Ontario AIDS Network Positive Leadership Development Institute Who am I as a Leader? Level 1

Name (printed)	
Signature	
Date	

Thank you

For Office Use Only

Date Received	
Received By	
Notes	



Please have an HIV service provider, or a medical professional fill this part out

PLDI™ welcomes any person living with HIV to apply for this leadership course. **PLDI™ is a professional development opportunity – not a retreat.**

Throughout the course, participants are encouraged to see themselves as part of a larger community of people living with HIV, to value and appreciate the unique experiences that accompany anyone living with HIV, and to understand the history and evolution of the global and local responses to HIV.

We believe that all people living with HIV can ...

1. **Model the way** by standing up for the rights of others living with HIV
2. **Inspire a shared vision** which sees people living with HIV are central and vital to the response to HIV
3. **Challenging the process** which allow HIV stigma and discrimination to thrive
4. **Enable others to act** as fellow member of a broader people living with HIV community, and
5. **Encourage the heart** by celebrating our diversity, our history and our future

Course expectations and recommendations:

The training takes place over the course of three days – and these days are very structured and intensive. While there are scheduled breaks, the days are quite long and people attending the training are expected to be present and participating for the duration, it's recommended for people whose physical and mental health is at a place that they can fully participate.

Course parameters & limitations:

There are limitations to what this course is able to achieve. It is not designed to assist people living with HIV to come to terms with their diagnosis, nor is it a therapeutic intervention. It is designed for people living with HIV who have an interest in building their leadership and resilience capacities in the HIV sector and their personal lives. Ensuring that PLDI graduates are supported, prepared and able to go back into their communities to commit to social change and to challenge HIV stigma is an ambitious undertaking. It is our belief that it is the collective effort and the passion of people living with HIV who have driven many

Please state in a few sentences why (participant's name) _____ would be a good candidate for the leadership development training.

Doctor/Member organization:

NAME (please print): _____

SIGNATURE: _____ **DATE:** _____

I certify that the information on this registration form is accurate and that the individual named on this registration form has my support.