



CASE MANAGER/ADVOCATE TRAINING REGISTRATION FORM

Name:
Email:
Agency Name:

Role:		
<input type="checkbox"/> Leadership/Management	<input type="checkbox"/> Legal	<input type="checkbox"/> Residential Manager
<input type="checkbox"/> Administrative	<input type="checkbox"/> Case Manager/Case Worker	<input type="checkbox"/> Other Support Staff) _____
<input type="checkbox"/> Governing Board	<input type="checkbox"/> Client Advocate	

Field/Industry:			
Check up to (2) that best describes your field of work.			
<input type="checkbox"/> Domestic Violence Services	<input type="checkbox"/> Medical Clinician	<input type="checkbox"/> Family & Child Services	<input type="checkbox"/> Research
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Public Health	<input type="checkbox"/> Human Services
<input type="checkbox"/> MFT/LMFT	<input type="checkbox"/> Probation	<input type="checkbox"/> Education	<input type="checkbox"/> Legal
<input type="checkbox"/> Other _____			

Sex/Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender

Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino

Race: <input type="checkbox"/> African Descent/Black <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Caucasian <input type="checkbox"/> Biracial/Multiracial

Yes No Does your agency currently work with victims of trafficking?

Yes No Do you currently work with victims of trafficking?

If yes to any of the above – what type of trafficking victims?

Sex Labor Both

Yes No Are you taking this course, to fulfill a required grant certification?

SIGNATURE

DATE

Send completed forms via mail, email, or fax to:

MAIL: Journey Out, 7136 Haskell Ave, Suite 125, Van Nuys, CA 91406

EMAIL: tay@neville@journeyout.org Please put "Case Manager Training" in the subject line.

FAX: 818-947-3923

Payments can be made using the following:

CHECK: \$175 Payable to *Journey Out*

CREDIT CARD: Payment of \$175 via credit card can be submitted on via Paypal to tay.neville@journeyout.org , or request a Paypal invoice.

GROUPS

Please state full name of each participant being registered: _____

Deposits will be accepted for groups of more than 5 people.

FOR INTERNAL OFFICE USE ONLY

Date registration form received _____ Date payment received _____

Assigned to what cohort/session: _____