



Application for International Center for Clubhouse Development Training



Please print or type in black ink. Please mail to: Colleague Training

_____ (name of Training base)
_____ (address of Training base)
_____ (address of Training base)

Clubhouse/Agency Name _____

Clubhouse/Agency Address _____

Telephone Number _____ Fax _____

E-mail _____

Clubhouse Director _____ When and Where Trained? _____

Dates of Training requested: _____

Please check the Type of Training requested:

_____ First Time Clubhouse Training (New Clubhouses) \$4,800US. This includes the Director, one staff member, one clubhouse member, and a 3rd week Board member or Auspice Agency representative.

_____ Clubhouse Training (Established Clubhouses) \$4,000US. This includes one staff member, one clubhouse member and a 3rd week Board member, Director or Auspice Agency representative.

Additional people for the entire training period = \$1,600US per person
Additional Administrators for the last week of training = \$625US per person

*The fee for training bases providing the Two Week Pilot Training is the same as above.

_____ One week specialized track fee \$1,500US. This includes one staff member and one clubhouse member. (Additional participants are \$800US per person)

_____ Three day Orientation/Overview Visit for two people \$800US. (Additional participants are \$400US per person)

Please list the names and Clubhouse position (member/staff/director) of the people you want to send for training:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Last week Director/Board member/Auspice Agency representative & position:

Name: _____

Position: _____

Training reservations will be confirmed when a completed application and a non-refundable deposit of 50% of the tuition is received. The non-refundable deposit is applicable for the confirmed dates only. Final payment is due ten days prior to arrival.

Post training site visits are negotiable and are scheduled approximately six to nine months after the training experience. The training base and the clubhouse requesting a post site visit will share in the cost of the visit.

Clubhouse Director Signature: _____ Date: _____

Name of Auspice Agency (if applicable)

Please list the name and signature of the authorized representative of the Auspice Agency

Name: _____

Signature: _____ Date: _____

Thank you for your application and we will be in contact with you in the near future.

Please visit www.iccd.org for more information