

Children's Hospital Los Angeles California Leadership Education in Neurodevelopmental Disabilities and Related Disorders (CA-LEND)

2024-2025 Fellowship **Self-Advocacy Discipline** Application Checklist & Form

Please submit this application form and other required materials (see CA-LEND Application Checklist) as soon as possible as we have rolling admissions. The CA-LEND training program begins early-September and ends in late-May.

<u>Notice</u>: CA-LEND anticipates a hybrid format for the upcoming training year. Participants in the program must be local and available to participate in person. *This includes obtaining the necessary vaccination requirements for employee health compliance at CHLA.*

CA-LEND Application Checklist

□ <u>CA-LEND Self-Advocacy Discipline Application</u>

□ Resume/ CV with relevant experience

Send Completed Application and materials to:

CA-LEND Program Attn: Leeda Sea, CA-LEND Project Coordinator 4650 Sunset Blvd., MS# 53 Los Angeles, CA 90027-6062 Phone: (323-361-5869) Email: <u>ca-lend@chla.usc.edu</u> *Please include the discipline to which you are applying in the subject line of the email

**Feel free to call or email with any questions regarding the application process

CA-LEND Onboarding Requirements (if accepted)

Once a trainee is accepted to the CA-LEND program, final admission will be contingent on completion of all onboarding requirements including, but not limited to the following:

- CHLA Employee Health Services Clearance (see associated document for current vaccination and screening requirements)
- Social Security Number
- Background Check
- > Completion of NIRS trainee data entry form

Children's Hospital Los Angeles/ University of Southern California California Leadership Education in Neurodevelopmental Disabilities and Related Disorders (CA-LEND)

2024-2025 Fellowship Self-Advocacy Discipline Application

Personal Information				
Date:	_			
Name:				
First	Last			Middle Initial
Address:				
Street	Unit	City	State	Zip Code
Please check off the box with your preferred method of contact.				
Phone 1:		Type (mobile, work, home, etc.):		
Phone 2:	Type (mobile, work, home, etc.):			
Email 1:	Email 2:			
If you had selected "Phon	e", please elaborat	e on the best days	s/times to con	tact you:

Because our Self-Advocacy Trainees have credentials that are based on life experience and possibly formal schooling, we would like to get some information from you about your background.

1. How would you describe self-advocacy personally and professionally?

2. Please tell us about a time where you advocated for yourself or another person.

3. How many years of experience, either paid or unpaid, do you have in providing positive change in the community?