Child Welfare Virtual Conference: [Title]: Registration Form

Capacity Building
CENTER FOR STATES

Registration Form

#	Registration Field	Field Type
1	First Name*	Text
2	Last Name*	Text
3	Email Address*	Text
4	State*	Picklist (All States, U.S. territories)
5	Time Zone*	Picklist
6	How did you hear about the conference?	o Capacity Building Collaborative webpage o Center's Liaison o Listserv o Colleague o Hard-copy publication o Search engine (e.g., Google, Yahoo) o Social media (e.g., Facebook, Twitter) o Link from another webpage o Other (please specify):_____
7	Did you participate in last year's Virtual Expo (July 2016)?	Y/N
8	Employer/Organization*	Text
9	Which best describes your employer/organization? *(Select one)**	a. State Child Welfare Agency b. County Child Welfare Agency c. Territorial Child Welfare Agency d. Tribal Child Welfare Agency e. State or County Court/Legal System f. Tribal Court/Legal System g. Private or Community-based Child Welfare Agency h. Local Government/Tribal Council i. Law Enforcement Organization j. Primary Care/Health Care Services Provider k. Behavioral/Mental Health Services Provider l. Substance Abuse Services Provider

#	Registration Field	Field Type
		m. Domestic Violence Services Provider
		n. Juvenile Justice Organization
		o. Primary/Secondary Education
		p. College/University
		q. Technical Assistance Provider
		r. Federal Government
		s. Other
		t. Not Applicable
10	Primary Role*	**State/County/Territory/Tribal Agency**
		a. Agency Director/Deputy Director
		b. Program/Middle Manager
		c. Supervisor
		d. Caseworker/Direct Practice Worker/Frontline staff
		e. Parent Partner
		State/County/Territory/Tribal Court
		f. CIP or TCIP Director/Coordinator
		g. CIP or TCIP Staff
		h. Judge
		i. Attorney for Child Welfare Agency
		j. Attorney for Parent
		k. Attorney for Child
		l. Attorney Guardian Ad Litem
		m. Court Administrative Officer
		n. Court/Attorney
		o. Data Manager/IT Staff
		p. Court Appointed Special Advocate/Non-attorney GAL/Advocate
		q. Court Case Worker/Social Worker
		School/University
		r. Dean/Director/Administrator
		s. Teaching Faculty
		t. Training Academy Leadership/Staff
		u. Research Faculty/Staff (non-teaching role)
		v. Student
		Other
		w. Technical Assistance Provider
		x. Other
		y. Not Applicable

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11	Which of the following best describes your primary work responsibilities? *(Select one)**	a. Workforce Development/Training b. Continuous Quality Improvement/ Evaluation c. Information Technology/SACWIS/Data Systems d. Indian Child Welfare Act e. Primary or Secondary Prevention f. Child Protective Services g. In-home Services/Promoting Safe and Stable Families h. Foster Care/Placement/ Licensing/Reunification i. Adoption/Guardianship j. Youth in Transition/Chafee/ Independent Living Programs k. Other l. Not Applicable
12	How many years of experience do you have working in child welfare? *(Select one)**	• Less than 1 year • 1–5 years of service • 6–10 years of service • 11–15 years of service • 16+ years of service • Not Applicable
13	How do you plan on participating in the Virtual Expo?*	• Computer (PC) • Computer (Mac) • Tablet • Smartphone • Combination of technologies (computer, tablet, and/or smartphone)
14	If you plan on participating in a group (sharing one registration), how many people will be in your group?*	Text
15	Which track do you plan on participating in?(You will be able to change your track later if you want)*	• Frontline • Administrative/Management
16	Why are you attending the conference?*	Text
17	We are looking for volunteers to participate in a virtual 1.5 hour focus group or a 30-minute individual telephone interview, 1-2 weeks after the Virtual Expo. The purpose of these focus groups and interviews are to get more detailed feedback about your experience with the Virtual Expo. Can we contact you about your availability?*	Y/N