**OMB Control No. 0970-0494**

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**Expiration Date: xx/xx/xx**

# **Webinar Registration Form**

Completion of the webinar registration form should take approximately 2 minutes. The information that you share will be only be used to help us evaluate and improve our webinars. In some cases, we may contact you to learn about your experience with the webinar. Your privacy is important. Your personal information will be kept private. This is a Capacity Building Collaborative event and, as such, information provided during registration may be shared with the Children’s Bureau. Information may also be used for Capacity Building Collaborative evaluation purposes with identifying information held in confidence and all reporting done in aggregate. Completion of this form is voluntary.

**Fields marked with an asterisk (\*) are required.**

**Section 1**

|  |  |
| --- | --- |
| **New CapLEARN Field Name** | **New CapLEARN Field Type** |
| E-mail address\* | Text |
| First Name\* | Text |
| Last Name\* | Text |
| Jurisdiction\* | Pick List of 50 States, US Territories, and Other |
| Job Title | Text |
| Employer/Organization\* | Text |
|  |  |
| ***Which best describes you?* (Select All That Apply)\*** | Child Welfare ProfessionalOther Health or Human Services ProfessionalLegal ProfessionalEducation ProfessionalStudent/InternCurrent or Former Foster YouthBiological Parent/Relative Caregiver/Family MemberNon-Relative Foster or Adoptive Family MemberCommunity Member/Community Leader/Tribal ElderOther |
| ***Which best describes your employer/organization?* (Select One)\*** | Not Applicable |
| State Child Welfare Agency |
| County Child Welfare Agency |
| Territorial Child Welfare Agency |
| Tribal Child Welfare Agency |
| State or County Court/Legal System |
| Tribal Court/Legal System |
| Private Child Welfare Agency Under Contract for Services |
| Community-Based Service Provider |
| Child Welfare Training Academy/Agency |
| Local Government/Tribal Council |
| Law Enforcement Organization |
| Primary Care/Health Care Services Provider |
| Behavioral/Mental Health Services Provider |
| Substance Abuse Services Provider |
| Domestic Violence Services Provider |
| Juvenile Justice Organization |
| Primary/Secondary Education  |
| College/University (non Child Welfare Training Organization) |
| Technical Assistance Provider |
| Federal Government |
| Other |
| ***For those who work in a Child Welfare Agency, what is your primary role? (Select One)*** | Agency Director/Deputy DirectorProgram/Middle ManagerSupervisorCaseworker/Direct Practice Worker/Frontline staffPolicy Writer/CoordinatorFederal Requirements/Reporting Lead/Coordinator(e.g. CFSR, CFSP, PIP)CQI/QA staff (e.g. director, analyst, case reviewer)Training Director/Trainer/Curriculum DeveloperFamily Leader/PartnerYouth Leader/PartnerCourt Appointed Special Advocate (CASA)Student InternOther |
| ***Which of the following best describes your primary work responsibilities in the agency? (Select Up to Three)*** | AdministrationWorkforce Development/TrainingContinuous Quality Improvement/EvaluationInformation Technology/SACWIS/Data SystemsIndian Child Welfare Act Primary PreventionChild Protective Services In-home Services/Promoting Safe and Stable FamiliesFoster Care- Case ManagementFoster Care – Recruitment/Training/Licensing of Resource FamiliesAdoption/Guardianship Youth in Transition/Chafee/Independent Living ProgramsOther |
| ***For Court and Legal Professionals, which of the following best describes your primary role?* (Select One)** | CIP or TCIP Director/CoordinatorCIP or TCIP Staff JudgeAttorney for Child Welfare AgencyAttorney for ParentAttorney for ChildAttorney Guardian Ad LitemCourt Administrative OfficerCourt/Attorney Data Manager/IT StaffCourt Appointed Special Advocate/Non-attorney GAL/AdvocateCourt Case Worker/Social WorkerOther |
| ***For education and university professionals, which of the following best describes your primary role? (Select One)*** | Dean/Director/AdministratorTeaching FacultyResearch Faculty/Staff (non-teaching role)StudentOther |
| ***How many years of experience do you have working in child welfare? (Select One)\**** | * Not Applicable
* Less than 1 year
* 1–5 years of service
* 6–10 years of service
* 11–15 years of service
* 16+ years of service
 |
| ***What was the highest level of education you completed? (Select One)\**** | * Some K-12 education (or equivalent)
* High school graduate (or equivalent)
* Some college (1-4 years, no degree)
* Associate’s degree (including occupational or academic degrees)
* Bachelor’s degree (BA, BS, AB, BSW, etc.)
* Master’s degree (MA, MS, MSW, etc.)
* Doctoral degree (MD, JD, PhD, EdD, etc.)
 |
| ***If you have a degree in social work, what type of degree do you have? (Select All That Apply)\**** | * Not applicable
* BSW or equivalent
* MSW or equivalent
* PhD or DSW
 |
| ***If you are joining in a group, please enter the total number of participants?*** | Number |
| ***One of the below open ended question will be added to each event registration:*** |
| *OPTIONAL*What would be important for you to learn from this event? | Open ended |
| *OPTIONAL*Do you have any questions you would like to submit to the organizers or presenters ahead of the event? | Open ended |
| *OPTIONAL*Questions/Comments | Open ended |