



**Consultant Network Application
Survivor Consultant**

Thank you for your interest in applying to be a consultant with the National Human Trafficking Training and Technical Assistance Center (NHTTAC), which is administered by ICF on behalf of the U.S. Department of Health and Human Services, Administration for Children and Families, Office on Trafficking in Persons (OTIP). Please complete the Consultant Network Training and Technical Assistance Expert Application as accurately as possible, as this information will be used to match your experience with specific requests for speakers or impact statements. This application will take you approximately 15 minutes to complete. You will then be asked to submit supporting documents via email, including your resume, CV, publications, biographical sketch, and other sample materials such as recordings of presentations, media interviews, PowerPoint presentations, etc. You will be able to save your progress, exit the document, and return to it as needed.

If you need assistance completing this form, or have specific questions, please contact NHTTAC at svega@nhttac.org.



Before proceeding with this application:

Anyone can experience vicarious trauma, compassion fatigue, and burnout at any time, which can disrupt their ability to work in the anti-trafficking field. As a consultant, you may experience situations that can be triggering. Please consider your well-being before submitting an application.

If you feel that you are not ready to enroll as a consultant, or have questions or concerns about working as a consultant, please contact NHTTAC prior to completing this application. NHTTAC is invested in supporting your professional development and can provide you with alternative resources to help you continue your work in the anti-trafficking field.

Please think carefully about your decision to enroll, and consider talking with your support system before you make your decision. You may also consider measuring your current professional quality of care by using the Professional Quality of Life Scale (PROQOL): http://www.proqol.org/ProQoL_Test.html

- I confirm that I have considered my role as a consultant, and I feel comfortable completing this application.
- I am not interested in enrolling as a consultant at this time; however, I would like to be contacted by a training and technical assistance specialist.

In order to be an OTIP consultant, there must be a minimum of 3–5 years since the trafficking victimization.

- I confirm that it has been at least 3–5 years since the trafficking victimization.
- It has not been 3–5 years since my trafficking experience; however, I would like to be contacted by a training and technical assistance specialist.

In order to be an OTIP consultant, you must be a U.S. citizen or eligible to work in the United States. If you have any questions, please contact NHTTAC at info@nhttac.org.

Are you a U.S. citizen? Yes No

If NO, are you eligible to work in the United States? Yes No

Are you an employee of the federal government? Yes No



CONTACT INFORMATION

| | | | |
|--|-------------------|--|-------------------------|
| This section includes your contact information and preferences. <i>* Denotes a required field</i> | | | |
| Prefix (Mr., Ms., Dr.): | First Name:* | Last Name:* | Suffix (Jr., Sr., etc.) |
| Title: | | | |
| Organization: | | | |
| Preferred Address:*(FedEx and other couriers will not deliver to a P.O. box address.) | | | |
| Preferred Address 2: | | | |
| City:* | State/Territory:* | Zip Code:* | Country:* |
| Business Phone: | | Business Email: | |
| Home Phone: | | Home Email: | |
| Cell Phone: | | Fax: | |
| Preference for phone contact: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business | | Preference for email contact: <input type="checkbox"/> Home <input type="checkbox"/> Business | |
| Will you be speaking, training, or providing technical assistance independently or on behalf of your agency? <input type="checkbox"/> Individual/Independent <input type="checkbox"/> Organization/Agency (If organization, please list the Federal Tax ID#): _____ | | | |
| If enrolled as a consultant, portions of the NHTTAC consultant information (e.g., name, contact information, areas of expertise, and biographical sketch) may be made available to organizations requesting survivor impact speakers. Does NHTTAC have permission to give out your contact information and biographical sketch, if requested?*(Note: Only your name and your preferred phone and email will be provided.) | | | |
| <input type="checkbox"/> Yes, please share my contact information for speaker requests. <input type="checkbox"/> No, please do not release my contact information without speaking to me first. | | | |

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to enable NHTTAC to collect recipient and stakeholder feedback to improve NHTTAC's T/TA service delivery. Public reporting burden for this collection of information is estimated to average 0.283 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 USC 7104(b) and 7105(c)(4)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



APPLICANT INFORMATION

This section captures professional and demographic information.

Language Proficiency

Indicate what languages other than English you can speak in a professional capacity and your level of proficiency in writing and speaking.

| | | | | |
|--|-----------|-------------------------------------|---------------------------------|---|
| | Writing: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
| | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
| | Writing: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
| | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
| | Writing: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
| | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
| | Writing: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
| | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |

If applicable, please provide examples of ways in which you've applied your language(s) in a professional capacity, such as facilitating trainings or providing written materials:



Do you know how to sign? Yes No

If yes, please specify the type(s) of sign language you use:

Employment

I am currently employed as or affiliated with (check all that apply):

Type of Organization

- Anti-trafficking organization
- Business/For-profit organization
- Coalition/Multidisciplinary team/Task force
- Faith-based organization
- Federal government
- State and local government
- Tribal government
- Nonprofit/Community-based organization
- OTIP grantee
- Union/Worker advocacy organization
- Victim service provider
- Survivor-led organization
- Self-employed: _____
- Other: _____

Are you currently a member of any professional organizations (e.g., HEAL Trafficking, Toastmasters, National Association for Social Workers, National Survivor Network)? If yes, please specify:

Race/Ethnicity and Gender (Optional)

The list below includes federal race and ethnic classifications as defined by the U.S. Office of Management and Budget. Your voluntary cooperation in providing this information is greatly appreciated.

Race

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, etc.
- Black or African American. A person having origins in any of the black racial groups of Africa.



- Native Hawaii or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- If you identify as other, please specify self-identification: _____

Ethnicity:

Do you identify as Hispanic or Latino (a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)?

- Yes No

Do you identify as Middle Eastern or North African?

- Yes No

Gender (you may select more than one):

- Male Female Transgender Other (Please specify): _____

Disability or Special Needs (Optional)

Do you have one of the following? (Check all that apply.)

- Visual impairments
- Physical disabilities
- Hearing impairments
- Mental, psychological, and/or personality disorders
- Other (Please specify): _____

For all NHTTAC-coordinated trainings and conferences, Americans with Disabilities Act compliance is a priority. Please let us know which of the following accommodations you will need while providing training and technical assistance for NHTTAC. (Check all that apply.)

- Personal care attendant
- Wheelchair accessibility (transportation, meeting space, lodging, etc.)
Type of wheelchair: Manual Electric
- Sign language interpreter (Specify type of sign language): _____
- Accommodations for a service animal
- Convert materials into sight-assistive technology (Specify type of technology preferred): _____
- Other (Specify): _____



EDUCATION HISTORY

This section documents your academic achievements, licenses and certifications, and formal training background.

Formal Education

Please indicate the highest level of education received.

High school diploma or GED

Associate's degree

Concentration(s):

Bachelor's degree

Concentration(s):

Master's degree

Concentration(s):

Doctor of Education (Ed.D.)

Concentration(s):

Doctor of Philosophy (Ph.D.)

Concentration(s):

Doctor of Psychology (Psy.D.)

Concentration(s):

Juris Doctor degree (J.D.)

Concentration(s):

Doctor of Dental Surgery (D.D.S.)

Doctor of Dental Medicine (D.M.D.)

Doctor of Medicine (M.D.)

Partial/Not complete Degree pending

Completed/Degree received

Date received/Expected: _____



| | |
|---|--|
| <input type="checkbox"/> Doctor of Osteopathic Medicine (D.O.) <input type="checkbox"/> Nurse Practitioner (N.P.) <input type="checkbox"/> Physician Assistance (P.A.) <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> None | |
|---|--|

| Licenses and Certifications | | |
|---|--------------------------------------|-------------|
| Please list any active licenses or certifications received that are relevant to the work of NHTTAC. (e.g., Licensed Clinical Social Worker (L.C.S.W.), Forensic Interviewer, Registered Nurse, Sexual Assault Nurse Examiner, etc.). | | |
| Title: _____ | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____ | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____ | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____ | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____ | Certifying/Accrediting agency: _____ | Year: _____ |

SURVIVOR EXPERIENCE

As a consultant, NHTTAC may receive requests for training or technical assistance specific to learning from survivors' experiences. This section gathers information about your personal experience and your experience delivering a message to inform the identification of and/or service delivery to human trafficking survivors.

PLEASE NOTE: The information you provide will give NHTTAC a clear understanding of your experiences, helping to match you to incoming requests for assistance. This information is **never** disseminated and remains protected within NHTTAC as part of your application. This portion of the application is optional. If you have questions or concerns, please contact NHTTAC at info@nhttac.org.

Please select specific or diverse populations that reflect your past and inform your current work. (Check all that apply.)

- Human trafficking
 - Commercial sexual exploitation of children
 - Sex trafficking
 - Adults
 - Minors
 - Labor trafficking



- Adults
- Minors
- Other (Please specify): _____
- Children/youth
 - Out of home/Foster care/Kinship care
 - Runaway/Homeless youth
 - Juvenile justice
 - Other (Please specify): _____
- Gender
 - Male
 - Female
 - Transgender
 - Other (Please specify): _____
- People with disabilities
- Deaf/Hearing impaired
- Elderly
- History of prior victimization
- Lesbian, gay, bisexual, and questioning individuals
- Foreign nationals (migrant workers, undocumented immigrants, refugees)
- People with low incomes
- Racial and ethnic minorities
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino ethnicity
 - Middle Eastern or North African
 - Native Hawaii or other Pacific Islander
- History of substance use
- Intimate partner violence (e.g., dating, domestic violence)
- Gang-related crime
- Sexual abuse/Violence

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Other (Please specify): _____

Do you have location-specific experience?

- Urban
- Rural
- American Indian/Alaska Native reservation
- U.S. territories (Please specify): _____

Type of crime you survived (check all that apply):

- Labor trafficking as an adult
- Labor trafficking as a minor (age 17 or younger)
- Sex trafficking as an adult
- Sex trafficking as a minor (age 17 or younger)
- Other (Please specify): _____

PROFESSIONAL EXPERIENCE

For each of the following categories, please confirm you have 2–3 years of consistent experience integrating your personal experience in delivering a message to inform the identification of and/or service delivery to human trafficking survivors or those at risk of human trafficking. Be sure each item selected is reflected in your resume, CV, or other supplemental materials.

- Participation in strategizing coordinated community response and outreach planning
- Provision of personal impact statements or as an expert witness (including testimony in legislative, civil, or criminal hearings)
- Review of documents (e.g., reports, program fact sheets) or products (e.g., outreach materials, DVDs)
- Delivery of remarks to community/civic organizations, social service providers, educators, or public health organizations
- Public speaking at conferences or other human trafficking awareness events
- Delivery of messages to the media (including print, online, or broadcast)
- Other (Please specify): _____



This next section is about identifying your target audience. NHTTAC would like to support you in delivering your message to audiences that you prefer to work with. For each of the fields listed, please select and mark the column that best describes your **current interest** in delivering your message to them. Please note: NHTTAC understands that your answers to these questions may change as you continue to work in the trafficking field. You will have the opportunity to update your answers at a later time.

| Target Audience | 2-3 years of experience in providing training to this field | I would like to consult with this field. | I do not currently wish to consult with this field. | Unsure | Comments: |
|--|---|--|---|--------|-----------|
| Anti-trafficking organizations | | | | | |
| Behavioral health professionals (e.g., psychologists, psychiatrists, mental health/substance use counselors) | | | | | |
| Business/For-profit organizations | | | | | |
| Child welfare | | | | | |
| Coalitions/Multidisciplinary teams/Task forces | | | | | |
| Corrections-based services | | | | | |
| Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | | | | | |



| | | | | | |
|--|--|--|--|--|--|
| Educators (e.g., teachers, professors, school administrators) | | | | | |
| Faith-based organizations | | | | | |
| Federal government | | | | | |
| Health care (e.g., physician, physician's assistant, nurse practitioner, dentist, nurse, pharmacist) | | | | | |
| Housing (e.g., case workers, shelter directors, public housing authority agencies) | | | | | |
| Legal (e.g., civil and/or rights-based attorney and/or paralegal, clinic) | | | | | |
| Nonprofit/Community-based organizations | | | | | |
| Public health (e.g., health department staff, health care executives, community health workers) | | | | | |
| Social workers (e.g., case managers, school counselors, supervisors, administrators) | | | | | |
| State and local government | | | | | |
| Survivor empowerment, mentoring, or peer to peer programming | | | | | |
| Survivor-led organizations | | | | | |

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| | | | | | |
|-------------------------------------|--|--|--|--|--|
| Trauma informed programming | | | | | |
| Tribal government | | | | | |
| Union/Worker advocacy organizations | | | | | |
| Victim service providers | | | | | |
| Other (Please specify): _____ | | | | | |

CONSULTATION INFORMATION

Please describe your area of focus and expertise in the field below. Be sure to include the following information in your description:

- What is the focus of your work in the anti-trafficking field (e.g., prevention, LGBTQ, domestic minor sex trafficking)?
- What do you want recipients to know about human trafficking, the reporting process, the healing process, etc.? What do you want to see change?



REFERENCES

Please provide two references. Each reference should be able to describe your experience working in the anti-trafficking field. Statements made on this Consultant Network Application are subject to confirmation by NHTTAC.

- List only professional contacts such as current or former employers, colleagues, peers, or others who are familiar with your presentations on crime victimization.
- List at least two references who can provide a thorough summary of your ability to speak about your personal victimization experience to varied public audiences.

** Denotes a required field*

Reference 1*

| | | | |
|-------------------------|--------------|----------------------|-------------------------|
| Prefix (Mr., Ms., Dr.): | First Name:* | Last Name:* | Suffix (Jr., Sr., etc.) |
| Title: | | Relationship to You: | |
| Preferred Address:* | | | |
| City:* | | State:* | Country:* |

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| | | | | |
|------------------------------------|--------------|----------------------|------------|-------------------------|
| Phone:* | | Email:* | | |
| Duration of Relationship in Years: | | | | |
| Reference 2* | | | | |
| Prefix (Mr., Ms., Dr.): | First Name:* | Last Name:* | | Suffix (Jr., Sr., etc.) |
| Title: | | Relationship to You: | | |
| Preferred Address:* | | | | |
| City:* | | State:* | Zip Code:* | Country:* |
| Phone:* | | Email:* | | |
| Duration of Relationship in Years: | | | | |

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