



The Gay, Lesbian, Bisexual, and Transgender Youth Support Project and OutHealth!

Improving access to and quality of care for gay, lesbian, bisexual, and transgender youth and adults.



Programs of Health Imperatives • 942 West Chestnut Street • Brockton, MA 02301 • (800) 530-2770 • www.healthimperatives/glys • www.outhealth.net

GLBT Youth Support Project: Application for Free Training and Technical Assistance Package

Made available by a grant through Safe Spaces for GLBT Youth Program
of the Massachusetts Department of Public Health

FY 2012

Name:	
Position:	
Agency or School:	
Address:	
City and Zip:	
Phone:	
Fax:	
Email:	
Positions of staff members who will participate (i.e. social workers, administration, teachers):	
How many staff do you expect to attend?	
Previous training: Has agency participated in a training focused on Gay, Lesbian, Bisexual, Transgender, and Questioning (GLBTQ) youth in the past?	
<input type="checkbox"/>	Yes: (approximate date) <input type="text"/>
<input type="checkbox"/>	No
Does your agency or school currently have a group or dedicated services to support GLBTQ youth?	
Yes (please describe):	
No	

Application for On-Site Training Continued

Does your agency or school have any policies in place regarding sexual orientation non-discrimination or protection?
Yes (please describe):
No
Does your agency or school have any policies in place regarding gender identity and gender presentation non-discrimination or protection?
Yes (please describe):
No

How many youth ages 12-18 are served annually through your agency?
Types of services your agency provides: (check all that apply)
<input type="checkbox"/> Foster care/ Therapeutic foster care/ Kinship care
<input type="checkbox"/> Adoption services
<input type="checkbox"/> Group home
<input type="checkbox"/> Educational/Vocational services
<input type="checkbox"/> After-school programming
<input type="checkbox"/> Teen pregnancy prevention programming
<input type="checkbox"/> Medical services
<input type="checkbox"/> Mental health services
<input type="checkbox"/> Substance abuse treatment or prevention
<input type="checkbox"/> Education
Other (please describe):
What is your agency or school's mission statement?
What outcome would you hope for as a result of this training?
I understand that if we are selected to receive this training and technical assistance package, we agree to participate in the following activities: <ol style="list-style-type: none">1. A needs assessment process, including one phone meeting with a designated agency contact person or team;2. Between 3-7 hours of training. Based on agency or school needs, the GLBT Youth Support Project will provide between 3-7 hours of training at our basic and/or advanced level.

Please return this form to Missy Sturtevant at msturtevant@healthimperatives.org.

Examples:

One session of GLBTQ Youth 101 – 3 hours *or*

One session of GLBTQ Youth 101 – 3.5 hours and one session of
GLBTQ Youth 202 – 3.5 hours *or*

Two sessions of GLBTQ Youth 101 to split large staffs – 3.5 hours each
*Each session must be attended by 12-30 staff members (community
partners welcome);*

3. **Evaluation services** including a pre-and post-test, a written training evaluation, and a three- or six-month follow-up survey for all staff participating in training;
4. **One technical assistance meeting** (one hour) via phone with key staff members in the six to eight months following the training (to be completed no later than June 30, 2012).

Please sign here to indicate your agreement: