 **Registration Form**

**IHS/Tribal/Urban Native American Cancer Support Leadership Training**

**April 3-5, 2020**

**LOCATION: Shelton, WA – *Little Creek Casino Resort***

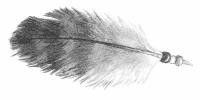
**Note: Your registration needs to be returned no later than March 2, 2020. Limited number of seats available, please submit application early to ensure a spot.**

|  |
| --- |
| Name: |
| Organization: |
| Address: |
| City: |
| State: Zip: |
| Phone: |
| Email: |

**Dietary Restrictions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vegetarian:**





**Travel Scholarship Request**

A limited number of full and partial travel scholarships are available on an as needed basis. Please select below if you will require a travel scholarship in order to attend.

\_\_\_Yes, please consider me for a travel scholarship. Please FAX or EMAIL completed registration to DeAnna Swan at: 605-721-1932 or [deanna.swan@gpthb.org](about:blank) Please see attached Workshop and Travel Information.

**Contact Information**: **DeAnna Swan, Administrative Coordinator, Community Health Prevention Programs, Great Plains Tribal Chairmen's Health Board | 2611 Elderberry Blvd | Rapid City, SD | 57703 | Office: 605-721-1922 | Fax:  605-721-1932 | Email:** [**deanna.swan@gptchb.org**](about:blank)

|  |  |
| --- | --- |
| **PLEASE MARK** | **OR ANSWER THE FOLLOWING QUESTIONS** |
| **Yes / No** | **Are you an American Indian or Alaska Native?**  **If yes, please list your tribe or tribal affiliation:** |
| **Yes / No** | **Are you a cancer survivor?** |
| **Yes / No** | **Have you had a family member or loved one diagnosed with cancer?** |
|  | **Please briefly describe your experience with cancer, either your own diagnosis or a loved one’s, and/or your experience working with those experiencing cancer:** |
| **Yes / No** | **Are there emotional support services available for cancer survivors and their families in your community?**  **If yes, please describe:** |
|  | **What experience have you had with support groups? Please explain in detail.** |
|  | **How do you plan to use the training in your community?** |
| **Yes / No** | **Are you working for a tribal program or IHS?**  **If yes, please list the name of your employer and job title:** |
|  | **How did you hear of the training?** |

Workshop and Travel Information

**Workshop Objectives**

**Participants will:**

1. Recognize their inner strengths for addressing cancer survivorship in their communities
2. Gain skills for working with cancer survivorship in their communities
3. Give cancer support back to their communities

**Trainer(s):**

Connie Garcia

Michele Suina

**Registration**

1. **Registration Fee:** There is no registration fee for this workshop. Sponsored by: Great Plains Tribal Chairmen’s Health Board, IHS-Division of Epidemiology
2. **Travel costs:** Travel Scholarships are available. First preference is given in the following order to: Native Americans who are cancer survivors, those who have a family member who has experienced cancer, community members; those whose jobs are related and are either Native or non-Native. Travel scholarships will include, travel cost to and from the workshop, hotel, per diem for meals not covered during the workshop.
3. **Hotel reservations:** A block of rooms will be reserved at: *Little Creek Casino Resort*. The room reservations will be taken care of by DeAnna Swan. You will need to present a credit card upon check in for incidentals but will not be charged for the stay.
4. **Meals provided at the workshop:**   
   The Hotel will provide light refreshments and snacks. Breakfast, Lunch, and Dinner will be on your own with Per Diem provided by the travel Scholarship.
5. **Dietary Restrictions:**

Please notify us of any dietary restrictions you may have on the registration form. This will allow us to provide the best options possible for you.

Special Note: Seating for this event is limited*. Please complete and submit registration by March 2, 2020. The “Dear Community Member” survey must be completed and returned with your registration.* Dear Community Member,

You may be selected to participate in the IHS/Tribal/Urban’s *Cancer Support Leadership Training.* Please review the following list of training components, and check the appropriate box that reflects your individual level of skill or knowledge.

**BUILDING RELATIONSHPS: Create a sense of place and acceptance for all**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Components |
|  |  |  | Awareness of Native core values that support wellness and healing |
|  |  |  | Ability to use culturally appropriate group facilitation methods to build trust and teambuilding |
| Comments: | | | |

**BUILDING SKILLS: Foster individual and community knowledge and skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Components |
|  |  |  | Knowledge of basic cancer facts and terminology |
|  |  |  | Explain the role of a peer support facilitator |
|  |  |  | Describe steps in starting a cancer peer support group |
| Comments: | | | |

**WORKING TOGETHER: Motivate individuals, families and communities to take action**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Component |
|  |  |  | Ability to use active listening skills to promote communication and encourage individual and community action |
|  |  |  | Experience in organizing or coordinating a Native support group |
| Comments: | | | |

**GIVING BACK: Share core values and teachings with future generations**

|  |  |  |  |
| --- | --- | --- | --- |
| Highly skilled or knowledgeable | Moderately skilled or knowledgeable | Minimally skilled or knowledgeable | Training Component |
|  |  |  | Identify strategies for affirming Native core values and teachings related to health and wellness |
|  |  |  | Ability to encourage individual and community commitment to positive change through the use of a group activity |
| Comments: | | | |

Thank you for your completing this survey. We value your responses.

**The IHS/Tribal/Urban Cancer Support Training Team**