



APPLICATION FOR
COMPUTER SKILLS TRAINING
INCLUDING STARS

Sending in an application does not ensure admittance to a training.
If you are admitted to a training you will receive a Confirmation of Admittance letter.

INSTRUCTIONS:

If you apply for more than one course, you must complete a separate application for each. All items on this form (front & back) must be completed for your application to be accepted. Incomplete applications will be returned. Completed applications should be returned to:

NYC Department for the Aging
Center for
Organization Development & Strategic Initiatives
2 Lafayette Street, Room 608
New York, NY 10013
Office (212) 602-6928
Fax (212) 442-3020

For Office Use Only
Rec'd D:
Ret'd D: I: Rec'd D:
DE D: I:
NLI D: I:
Status: A WL In I:
St Ent D: I: Ltr D: I:
Canc D: I:

This application form may be photocopied for additional courses/applicants.

SECTION I - APPLICANT INFORMATION (Please type or print)

This application is for training in (Select One): General Computer Skills STARS
Course Title Course Date
Name Last 4 digits of SSN
Agency Name DFTA ID #
Office Address Tel No.
City Zip Code Fax No.
E-mail Address:
Job Title Years in Current Position

Give two examples of problems, issues, or skills needed on the job that you would like this training to assist you in addressing more effectively. (Be specific)

Blank lines for providing examples of problems, issues, or skills.

SECTION II - COMPUTER SKILLS AND EXPERIENCE (Check the appropriate rating)

Rate your experience using a personal computer none some intermediate expert

What do you use the PC for? (Check all that apply)

Word Processing Spreadsheets Databases STARS Other (Specify)

Course Title _____

SECTION III – GENERAL COMPUTER SKILLS TRAINING (Fill in this section only if you are applying for a MS Word, Excel, PowerPoint, or Publisher course)

Have you ever taken an introductory MS Word course? Yes No
How long have you been using MS Word? .. (_____)Year(s)(_____) Month(s)
Rate your skills using MS Word None..... Some Intermediate ... Expert
Have you ever taken an introductory MS Excel course? Yes No
How long have you been using MS Excel? (_____)Year(s).....(_____) Month(s)
Rate your skills using MS Excel None..... Some Intermediate ... Expert
Which version of MS Office is on your computer? _____

SECTION IV – For STARS TRAINING

Check Your Agency Type: **(Please select only one)**

- Senior Center (no transportation services).....
- Senior Center with Transportation Services
- Transportation Program (Stand-alone)
- DFTA-Contracted Case Management Agency
- NORC Program
- Caregiver Program
- Home Care
- Home Delivered Meals Provider
- Elder Abuse Program.....
- Other (Specify) _____

SECTION VII – APPLICANT & SUPERVISOR SIGNATURES

Applicant: I have read the course descriptions and pre-requisites, and I understand that my application will be considered if I satisfy all eligibility criteria and what I need to learn will be covered in the course.

Applicant's Signature _____ Date _____

Supervisor: This employee, whom I supervise, ***needs the training they have selected in order to do their work,*** and satisfies the eligibility criteria for those training(s).

Supervisor's Name (Please Print) _____

Phone _____ Fax _____ Date _____

Supervisor's Signature _____