

# Rosalind Wiseman

P.O. Box 11263 Washington, DC 20008-9998 | t: 202.545.0633 | f: 202.330.5131 | www.rosalindwiseman.com

## *Owning Up*™ Registration & Application

### REGISTRATION INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is this address:      WORK      HOME      (Circle one.)

Email: \_\_\_\_\_

Position & job responsibilities: \_\_\_\_\_

Which training program/dates are you applying for? \_\_\_\_\_

How did you hear about this training? \_\_\_\_\_

If you are applying for recertification, is there a particular topic(s) you would like reviewed during the training? If yes, please describe \_\_\_\_\_

### APPLICATION QUESTIONS

*On a separate sheet of paper, please answer the following questions:*

1. What are three attributes or areas of expertise you possess that you believe would contribute most to the other participants' training experience?
2. What are three things you would like to get out of this training?
3. What are the first words that come to mind that describe your community and children you work with?
4. Who presents you the biggest challenge to work with? Children, parents, other teachers and other school staff, administrators? Why?
5. What makes you love your job?
6. What are the mechanisms to report bullying in your school? What are the strengths and weaknesses of this process?

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*Thank you for taking the time to complete this application. Please return it to us via fax or mail using the contact information above. We look forward to working with you!*