

LGBTSeniorHousingandCare.com info@LGBTSeniorHousingandCare.com 973-669-0600

Application for LGBTQ+ Older Adult Affirming Sensitivity Training Inservice Programs

Legal Name:				
Chosen Name, if different::				
Pronoun:				
She/Her	He/Him	They/Them	Other	
Company/Organization Name:				
Street Address:	City:	Stat	te:	Zip Code:
Company/Organization Website URL: Company/Organization Phone #:			ne #:	
Direct Phone #:	Mobile Phone #	Mobile Phone #:		
Business Type:		Is your organization tax-exempt?		
For-profit Not-for-profit Yes No Services provided by Company or Organization:				
Number of Employees:	Full time	Part-time	Con	tractors
Number of Training Participants:				

Continued

Have you had prior LGBTQ+ affirming and sensitivity training?

Yes

No

If yes,

Name of Training Vendor:

Date of Training:

Length of Training:

1-hr

2-hr

3-hr

4-hr

5-hr

6-hr

Type of Training:

In-person

Live Webinar

Online

Select the programs you are interested in for ADMINISTRATORS and STAFF:

NJS2545 Program Debrief + Q&A

Creating a Cultural Competency

Committee at Your Company or Organization

Staff NJS2545 Reboot

Select the programs you are interested in for HEALTHCARE PROVIDERS:

Advanced LGBTQ+ Affirming

Advanced LGBTQ+ Affirming Sensitivity

Sensitivity for Physicians, Psychiatrists and

for Social Workers and Psychologists

Nursing Staff

Select the programs you are interested in for RESIDENTS, FAMILY and COMMUNITY:

Movie Night (Gen Silent) + Discussion

The ABC's of LGBTQ+

Rainbow Bingo

For a complete menu of Inservice Programs with descriptions and fees visit:

https://www.LGBTSeniorHousingandCare.com/inservice-menu

Please provide times and dates you are available for a brief phone meeting to discuss your training request.

Please email your completed form to:

info@LGBTSeniorHousingandCare.com

