

Wisconsin Leadership Education in Neurodevelopmental and Related Disabilities (WI LEND) Program

Application Form

Waisman Center, University Center for Excellence in Developmental Disabilities, UW-Madison

Complete this form electronically and save as a file on your computer. Make sure to save your work!
If you need assistance completing this application, please contact us by email (LEND@waisman.wisc.edu).

Date of application:

Name:

Local Street Address:

City/State/Zip:

Phone(s):

Email(s):

I am applying under the following LEND discipline

(choose one from dropdown menu below):

Choose a discipline:

If you are a degree-seeking student (enrolled in college/other), please fill in the section below:

University:

Program Level: ☐ Masters level graduate student
☐ Doctoral level graduate student
☐ Post-doctoral fellow
☐ Other (please specify):

Anticipated graduation date (MO/YR):

Do you intend to use LEND to fulfill clinical or other field placement requirements for your degree?

☐ Yes ☐ No

If you are not eligible for a stipend, would you like to be considered for an unpaid trainee slot?

☐ Yes ☐ No

**** A very small number of trainees may participate in a WI LEND via a virtual team. This option is intended for Wisconsin residents who live over 50 miles outside of Madison and cannot participate fully in person. To be considered for this option, you must discuss your situation with the discipline training coordinator for your discipline and have their approval to apply for the virtual team.**

If you are approved to apply for a virtual team, select the statement below that best describes your situation:

- ☐ Participating in a virtual team is the only way I could participate in WI LEND.
☐ I can commute to Madison for WI LEND training, but would like to be considered for a virtual team.

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WI LEND aims to advance the leadership and professional practice skills of its trainees. In the “Training” and the “Experience” sections below, describe your training and experience that best demonstrates your commitment to improving the lives of children with neurodevelopmental and related disabilities and their families.

Training (list most relevant disability and leadership course work, workshops, and/or trainings completed):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Experience (include all relevant paid and unpaid experiences):

Estimate number of total hours, or years of lived experience:

Please describe the experiences (use more space as needed):

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Describe your leadership development journey and how you think LEND training will shape your ability to improve the lives of children with neurodevelopmental and related disabilities and their families by answering the following questions:

1. What does leadership mean to you? What qualities do you think speak to your leadership potential?
2. How have your unique life experiences, perspectives, or background influenced the way you approached a challenge or opportunities in your leadership journey?
3. What do you hope to gain from participating in WI LEND? How would WI LEND help you be a leader or advanced practice professional who improves services and supports for people with developmental disabilities and their families?

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Commitment to Participate in WI LEND Follow-up and Evaluation Processes:

WI LEND is a special training program funded by the federal Maternal & Child Health Bureau of the Department of Health & Human Services (MCHB/DHHS) to prepare trainees who are parents of children with developmental disabilities, self-advocates, or students/graduates from disciplines including audiology, genetic counseling, medicine, nursing, nutrition, occupational therapy, physical therapy, psychology, public health, social work, special education and speech/language pathology for leadership and advanced professional practice in order to improve the lives of children with neurodevelopmental and related disabilities and their families.

The impact of the WI LEND Program is based on the work done by program graduates. Therefore, participants are asked to complete trainee surveys after completion of the program. Graduates will be tracked for over 10 years to learn about leadership activities and accomplishments.

By entering my name in the Student/Applicant Signature line below, I confirm that if I enter the WI LEND Program I am willing to participate in the 10-year evaluation and follow-up process, including completing the program follow-up forms sent to me after I have finished the program.

Student/Applicant Signature: _____

Date: _____

Application Checklist

Please be sure to submit all of the following:

- ✓ This completed application
- ✓ A curriculum vitae or resume
- ✓ A recommendation form from someone who can speak to your leadership potential and commitment to improving the lives of children with developmental disabilities and their families (applicants currently enrolled in a graduate degree program should include a letter of reference from a faculty member)
- ✓ Official academic transcripts (all applicants regardless of discipline should submit copies of all undergraduate and graduate transcripts for current or previous enrollment as a college student)

Make sure to save this form now! It can be sent as an email attachment, or printed and included with other mailed paperwork.

If you wish to **email** your completed application and curriculum vitae or resume, **please email to:**
LEND@waisman.wisc.edu.

All transcripts, letters of recommendation, and other paperwork sent by mail should be addressed to:

**WI LEND Program
c/o Julie Schears
Waisman Center, RM S101F
1500 Highland Avenue
Madison, WI 53705-2280**