

**Southeast Chicago Diabetes Community Action Coalition**

**Form B.3**

(Reviewed and Approved)



**DIABETES TRAINING**  
**REGISTRATION/PROFILE**

*DIABETES CONTROL IN SOUTHEAST CHICAGO*

Please complete this form to permit us to document who was trained, and to be able to follow up with you. Please complete this form even if you have already completed a separate Individual Member/Participant Profile. You will receive a confirmation shortly.

Date:				
Location:				
<b>Individual Member/Participant Profile</b>				
<b>Organization Name:</b>				
*Name:				
*Title/Position:				
*Unit-Dept:				
*Address:				
*Telephone:		*Fax:		
*E-Mail:				
<b>Relationship to Coalition:</b> ? Representative ? Alternate Representative ? Diabetes Staff ? Other				
*Ethnicity/Race: ? African-American ? Hispanic\Latino ? Asian ? Non-Hispanic White ? Other				
Age: ? 20 and under ? 21-44 ? 45-64 ? 65 and above			Gender: ? Female ? Male	
<b>Diabetes Status</b> (confidential and optional): ? Have diabetes ? Family member with diabetes ? At risk				
<b>Language Skills:</b>	Speak fluently	Read	Do presentations	Write
English	?	?	?	?
Spanish	?	?	?	?
Other	?	?	?	?
<b>Formal Training/Degrees/Skills/Licenses (Example: MD, RD, CDE, LPN):</b>				
<b>Areas of Expertise:</b> ? Clinical ? Diabetes Patient Education ? Education/Training ? Advocacy/Policy ? Administration ? Research ? Other:				
<b>Areas of Interest/Participation:</b> ? Patient Education ? Community Education ? Quality Improvement				

? Cultural Competence ? Advocacy/Policy ? Public Communication/Social Marketing ? Training  
 ? Evaluation ? Resource Development ? Physical Activity ? Nutrition/Diet ? Other:

**Years working or living in South Chicago area:**

**Current Diabetes Coalition Involvement:** ? General Meeting ? Professional Network/Quality of Care  
 ? Training/Outreach ? Evaluation ? Diabetes Education/Community Resources  
 ? Media/Communication

**Did you participate in the Coalition's Phase I Planning Process (10/1999-9/2001)?** ? Yes ? No

**Other Partnerships/Memberships/Boards:** ? Healthy South Chicago ? Healthy Start ? LAN ? Others:

**\*Are you currently an active member of the Chicago Southeast Diabetes Community Action Coalition?**  
 ? Yes ? No ? I would like to join ? I would like to be informed of meetings and activities

**\*What kinds of diabetes-related classes or training have you received?** Include workshops and courses such as CPR, Red Cross, HIV/AIDS, etc.

Title of Course or Workshop	Place (agency)	Year

**Please tell us about your level of knowledge or skills in these areas:**

KNOWLEDGE OR SKILL AREAS	None	Low	Medium	High/strong
knowledge about diabetes				
knowledge about chronic diseases (heart, asthma)				
knowledge/skills about exercise				
knowledge/skills about nutrition/diet (including cooking)				
knowledge/skills about <b>smoking cessation</b>				
leadership/organizing skills				
policy advocacy				

group facilitation skills				
teaching/presentation/training skills				
interviewing skills				
other helping skills				
writing skills				
typing/word processing skills				
computer skills (databases, Internet)				

**THANK YOU FOR YOUR COOPERATION!**