



<b>May 21-25, 2018</b> Hotel at Old Town Wichita	OR	<b>July 23-27, 2018</b> Hotel at Old Town Wichita	OR	<b>September 17-21, 2018</b> Hotel at Old Town Wichita
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### **Student Application Applications due February 14, 2018**

#### **What is the Kansas Academy for Victim Assistance?**

In 2012, the Kansas Governor's Grants Program received a grant from the U.S. Department of Justice, Office for Victims of Crime to enhance Kansas' existing statewide victim services training, B.A.S.I.K. This financial and technical support has led to the enhancement of B.A.S.I.K. and transformed it into the Kansas Academy for Victim Assistance (KAVA).

The Kansas Academy for Victim Assistance is a statewide training academy committed to the improvement of victim services by enhancing the skills of professionals who work with victims of crime. The purpose of the academy is to provide participants with a foundation of knowledge and skills to create a consistent, victim-centered, and trauma-informed response to victims in Kansas.

#### **Who should attend?**

The Academy is open to paid staff, volunteers, and college students. The Academy is designed for those with less than three years of experience in the victim services field and who provide direct service to victims of crime. The Academy is intended for both volunteers and paid staff from community agencies, coalitions, or system-based programs. This can include, but is not limited to, victim advocates, prosecuting attorneys, corrections professionals, law enforcement, individual counselors and therapists, allied professionals, and college students.

College students, or those who do not have direct service contact with victims, but whose job, volunteer duties, or educational goals impact direct service contact with victims, are encouraged to apply and explain this connection in their required essay.

If you are not currently employed/not volunteering with an agency/not a student, and are interested in applying to attend the Academy, please contact us at the information found at the end of the application.

## What are the requirements?

- All interested participants are required to submit an application. Due to limited space, a selection process will occur.
- Accepted applicants are expected to attend their selected KAVA session.
- The Academy requires approximately four hours of on-line study and pre-assessment work prior to attending. Instructions will be provided upon acceptance to the Academy.
- The Academy itself is approximately 40 hours of classroom instruction and daily take-home work. Participants must attend and complete all aspects of Academy work to graduate. Academy participants will receive a graduation certificate after completing all components of the Academy.
- Participants must sign in at each session to verify attendance at the Academy.
- Accepted participants that wish to withdraw are required to submit a letter of explanation 40 days prior to their KAVA session.

## What is the cost?

The tuition fee for the 2017 Academies is \$225 which includes all written materials for the classroom and the graduation certificate if requirements are fulfilled. It is anticipated the tuition will rise to \$350 for future Academies. Participants will pay for their own lodging, food, and travel expenses. *Organizations can, may be able to, request grant budget changes to pay for their participants lodging, food, and travel expenses.*

## Is college credit available?

Yes! Washburn University has partnered with the Academy and is able to provide three hours of academic credit at both the undergraduate and graduate levels. The tuition cost is offered at a third the regular fee. For more information, please indicate your interest in college credit on the application.

## How do I apply?

Please complete the following application and required attachments and submit the full application to Caroline Wroczynski via email at [Caroline.Wroczynski@ks.gov](mailto:Caroline.Wroczynski@ks.gov).



**General Information:**

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

Agency/Organization: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Which academy are you able to attend? (Select all that apply. If more than one selected please indicate first preference.)

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Which of the following **best** describes the field in which you work?

- |   |  |
|---|--|
| <input type="checkbox"/> Attorney                               | <input type="checkbox"/> Medical             |
| <input type="checkbox"/> Child abuse/protection                 | <input type="checkbox"/> Mental health       |
| <input type="checkbox"/> Corrections/probation                  | <input type="checkbox"/> Tribal              |
| <input type="checkbox"/> County/District/City Attorney's Office | <input type="checkbox"/> Victim compensation |
| <input type="checkbox"/> County/District court                  | <input type="checkbox"/> Victim services     |
| <input type="checkbox"/> Education                              | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Law enforcement                        |  |

**I. Experience and Education:**

Current Position Title: \_\_\_\_\_

Date started in current position: \_\_\_\_\_

With the above-named organization, I am (select one):

- A paid employee     A volunteer     A student     Other (Please specify): \_\_\_\_\_

Which of the following best describes **your** position within your agency? Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Administrative duties     | <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Social Worker                  |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Counselor/Therapist       | <input type="checkbox"/> Victim Compensation Caseworker |
| <input type="checkbox"/> Advocate                  | <input type="checkbox"/> Educator                  | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Attorney                  | <input type="checkbox"/> Law Enforcement           |   |
| <input type="checkbox"/> Child Advocate            | <input type="checkbox"/> Prosecutor                |   |

Number of years working with victims of crime, paid or volunteer: \_\_\_\_\_

Describe your highest formal education attainment (HS diploma, bachelor's degree, etc.):

\_\_\_\_\_

Describe any certification-degree(s), training certification(s), etc.: \_\_\_\_\_

Have you previously attended a B.A.S.I.K. or KAVA training? YES NO

Approximately how many hours of victim assistance-specific training have you received (include formal education, including college courses, if applicable)?

0-10       11-20       21-30       31-40       Over 40

Check all that you are interested in:

Certificate of Completion     CEUs     College credit (3 undergrad. or graduate credits in from Washburn University)

## 2. About your agency:

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

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

What best describes your agency's service area?

Rural       Suburban       Urban       Other: \_\_\_\_\_

Which of the following best describes your service area? Check all that apply.

City       Education (including higher education)       Other: \_\_\_\_\_

Multi-city       Federal

County       State

Multi-county       Multi-state

In what area of the state do you work primarily? Choose one.

Northwest     Northcentral     Northeast     Southwest     Southcentral     Southeast

## 3. Required Attachments:

- **Essay:** A one-page essay stating why you want to attend the Academy and how your participation will be of benefit to you (professionally and personally), your organization, and your community. Please describe the nature of your contact with crime victims through your past and/or present employment or volunteer duties. Please include any additional information you believe is important for the applicant selection committee to consider.

**Signature of support:** By signing below, you certify your support of the applicant's attendance at the Academy. You also certify that the applicant has completed their probationary and/or orientation period with your agency/organization.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of support for college students:** By signing below, you certify your support of the applicant's attendance at the Academy.

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's Signature:** By signing below, you certify that all information contained in this application packet is accurate. You agree to meet all the requirements and conditions listed in this application and that you agree to abide by any additional rules of conduct that may be imposed by the Academy as needed to successfully host the Academy. Failure to comply with any of the stated Academy requirements or additional rules of conduct may result in disqualification from the Academy and/or denial of Certificate of Training without refund.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Please return application to:

Caroline Wroczynski  
Governor's Grants Program  
Landon State Office Building  
900 SW Jackson, Room 304N  
Topeka, Kansas 66612-1590

Email: [Caroline.Wroczynski@ks.gov](mailto:Caroline.Wroczynski@ks.gov)  
Phone: 785-291-3205  
Fax: 785-291-3204

