



## Child Welfare Training & Advancement Program (CWTAP)

### Application Form

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Name \_\_\_\_\_ Email Address \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Nearest relative or friend who will know how to contact you:

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Name of Relative \_\_\_\_\_ Relationship \_\_\_\_\_ Email Address \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

MSW Program Accepted In:

- Everett Hybrid Part Time
  Eastern Washington Hybrid Part Time  
 Cheney Full Time

1<sup>st</sup> Quarter Applying For CWTAP:

- Fall \_\_\_\_\_
  Winter \_\_\_\_\_
  Spring \_\_\_\_\_
  Summer \_\_\_\_\_

Are you an Advanced Standing student?  Yes  No

Are you a current Department of Children, Youth and Families (DCYF) employee?  Yes  No

I understand that CWTAP is intended for students who seek a MSW for advancement in a public child welfare career. I also understand that upon acceptance to the CWTAP, I am agreeing to work for DCYF according to the terms of the CWTAP Participant Agreement. CWTAP does not guarantee a job with DCYF after graduation.

I understand that I am obligated to report suspected child abuse or neglect to law enforcement or CPS intake at any time that I am working for DCYF, including while I am working on my practicum placement in a DCYF office and at any time that I work on a case which is funded in part by Title IV-E federal funds.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please work with site coordinator of the program you will be attending to arrange secure delivery of your application materials.**

Contact program coordinators for additional information.