

# Kansas Self-Management Education Chronic Disease Group Leader Application



A Stanford University Self-Management Program

The workshop series is composed of six (6) weeks of scripted content and a partially scripted information meeting held one (1) week prior to the first workshop session. This means you are making a commitment to lead seven (7) weeks of sessions. Each session will last no longer than two and one-half (2.5) hours. Trained Group Leaders maintain certification by leading one (1) complete workshop series per year.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Job Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Gender  Male  Female Birth Date \_\_\_\_\_

### Please identify your race (optional)

- American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

### Please identify your ethnicity (optional)

- Hispanic or Latino  Not Hispanic or Latino

### Do you have a co-leader? (recommended, but not required)

- Yes  No

If yes, please provide name: \_\_\_\_\_

### Education Completed

- 8th Grade or Less  Some High School  High School Diploma  Some College or Technical School  
 College or Beyond  Graduate or Professional Degree

### What type of insurance do you have? *Select all that apply.*

- Medicare  Medicaid  Private/Employer  Other  None



I am applying for group leader training

Month/Date \_\_\_\_\_ Location \_\_\_\_\_

**How did you hear about the Kansas Self-Management Education program?**

**Please Select One** (*one or both leaders should be living with a chronic condition*)

- I Have a chronic condition       I am a caregiver       I do not have a chronic condition

Condition(s) (optional): \_\_\_\_\_

**Do you have current CPR certification?** (*recommended, but not required*)       Yes       No

**What professional experience or volunteer experience have you had leading education classes, conducting workshops, or speaking in public?**

**What other experience do you have that you feel would be beneficial in leading the Kansas Self-Management Education program (such as work with people with disabilities, older adults, people with special needs, and/or chronic conditions)?**

**How confident are you that you will make and keep the commitment to lead one (1) workshop series per year?**

*0=Not At All Confident and 10=Completely Confident*

1      2      3      4      5      6      7      8      9      10

**How comfortable are you speaking in a public or group situation?**

*0=Not At All Comfortable and 10=Completely Comfortable*

1      2      3      4      5      6      7      8      9      10

**How many miles are you willing to travel each week, one-way, to lead a workshop series?**

- 20 miles or Less       21 – 60 miles       60 or more miles

**Please use the space below to share why you want to become a Group Leader?**