

# Participant Application Instructions

For questions and additional information please call 866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com).

Before you begin, please read these important notes and instructions about the Participant Application. The Participant Application must be completed by each person who chooses to apply for any INCCRRA administered, Illinois Department of Human Services funded, professional development program. Each specific program applied for also requires a Supplement Application. Please complete in pen.

## GENERAL NOTES

The Participant Application is meant to be submitted along with a Supplement Application for the specific program for which you are applying. **The first question of the Participant Application allows you to note which program(s) you are applying for and to ensure you submit the correct supplements. If the correct supplement application is not completed it will delay the processing of your application.**

## SECTION 1 – CONTACT / PERSONAL INFORMATION

**Please complete all required information in this section.** The choice you make under “Please contact me at my,” is where we will send all program communications, certificates, checks, etc.

## SECTION 2 – IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Person ID that is used in our tracking systems and on all communications from INCCRRA. We use that Person ID to ensure that we are entering the correct information into the correct person’s record. **Please complete these questions as they will be used to verify your identity should you ever lose your Person ID.**

## SECTION 3 – CURRENT EMPLOYMENT

**Complete this section only if you are currently in part-time or full-time paid employment in the fields of ECE/SA/YD.**

When asked on page 2 for the Position Code, please refer to the box below and write in the **one number** of the position code that best reflects your current job.

### Position Codes *(to be used in Section 3)*

#### Direct Services to Children

- |   |                                       |
|---|---------------------------------------|
| 1. Director and/or Administrator (one-site) | 9. Family Child Care Assistant        |
| 2. Assistant Director                       | 10. Group Family Child Care Provider  |
| 3. Director/Teacher                         | 11. Group Family Child Care Assistant |
| 4. Teacher                                  | 12. School-Age Child Care Teacher     |
| 5. Assistant Teacher                        | 13. School-Age Child Care Assistant   |
| 6. Teacher Aide (Preschool for All)         | 14. Youth Development Practitioner    |
| 7. Substitute/Floater                       | 15. Other Direct Service              |
| 8. Family Child Care Provider               |                                       |

#### Indirect Services

- |   |                                      |
|---|--------------------------------------|
| 16. Director/Administrator (multi-site) | 20. Education/Curriculum Coordinator |
| 17. CCR&R Staff                         | 21. Consultant                       |
| 18. Higher Education Faculty/Staff      | 22. Other Indirect Services          |
| 19. Trainer                             |                                      |

## SECTION 4 – EDUCATION, CREDENTIALS AND CERTIFICATIONS

Please enter the requested information about any educational degrees you have completed, as well as current and valid professional credentials or certifications you have been awarded.

## SECTION 5 – GATEWAYS TO OPPORTUNITY REGISTRY

All participants in Gateways to Opportunity program will receive a complimentary membership in the Gateways to Opportunity Registry. The Registry will track trainings you attend and provide you with a Professional Development Record (PDR). For more information on this new exciting addition to the Gateways to Opportunity Professional Development System visit [www.ilgateways.com](http://www.ilgateways.com).

### **Do you want Registry staff to perform a Basic Transcript Review?**

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your Professional Development Record as the total number of credit hours you have completed as well as the number of credit hours in ECE you have completed. **If you check yes, please include your official college transcript(s) in a sealed envelope from the college or university.**

# Participant Application

The Participant Application must be completed by any person who chooses to apply for any INCCRRA administered, Illinois Department of Human Services funded, professional development program. For questions and additional information, please call 866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com).

**Please check the Gateways to Opportunity programs you are applying for. The matching supplement application (indicated in parentheses) must also be included with the application.**

- Gateways to Opportunity Registry (See Section 5, no supplement application needed)
- Gateways to Opportunity Credential (Level 1 ECE, ECE, Infant Toddler and Illinois Director Credentials)
  - Direct Route (Direct Route Credentials Supplement Application)
  - Entitled Route (Entitled Route Credentials Supplement Application)
- Illinois Trainers Network (Illinois Trainers Network Supplement Application)
- Registry Trainer Approval (Registry Trainer Approval Supplement Application)
- Gateways Scholarship Program (Scholarship Program Supplement Application)
- Great START (Great START Supplement Application)
- Gateways Professional Development Advisor Program (no supplement application needed)

## SECTION 1 - CONTACT / PERSONAL INFORMATION

First Name:  Middle Initial:  Last Name:

Previous Last Name:

Gender: (optional)  Female  Male

Race/Ethnicity: (optional)  African American/Black  Hispanic/Latino

Primary Language:

Caucasian/White  Pacific Islander

Secondary Language:

Native American/Alaskan  Multi-Racial

Asian  Other

Home Address:

City:  State:  Zip:  County:

Home Phone:  Email Address:

Please contact me at my:  Home Address/Phone (above)  Work Address/Phone (Section 3)

## SECTION 2 - IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Person ID that will be used on all communications from Gateways. Should you lose your Person ID, please answer the following questions to help us verify your identification and provide you with your Person ID.

Date of Birth:  Mother's Maiden Name:

City and State Where You Were Born:

### SECTION 3 - CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, or Youth Development. **If this does not apply to you, skip this section and continue to Section 4.**

I am choosing to skip this section because I am currently not working full-time or part-time in the fields stated above.

Employer Business Name:

Work Site Name:

Work Address:

City:  State:  Zip:  County:

Work Phone:  Work Fax:

Type of Program: (check only one)

- Child Care Center                       Family Child Care Home                       Group Family Child Care Home  
 Head Start                                       School-Age/Youth Development Program     Public or Private School  
 Child Care Resource & Referral (CCR&R)     Other

This program is:

- Licensed by IDCFS License Number:                        License-Exempt                       Not Applicable

Date Employment Began: (with this employer)                       Current Position Start Date:

Current Position Title:

Position Code:  (see instructions)                      Hours Worked per Week:                       Weeks Worked per Year:

Hourly Wage:  - OR - Annual Salary:

Ages of Children You Currently Work With: (Family Child Care check all that apply, others check only one)

- Infant (6 wks - 14 months)     Toddler (15-23 months)     Twos (24-35 months)     Preschool (3-5 years)  
 School-Age (K-12 years)     Youth (13-12 years)     Not Applicable

### SECTION 4 - EDUCATION, CREDENTIALS AND CERTIFICATIONS

Educational Degrees Completed

Type of Degree	Name and Location of Awarding Institution	Major	Month/Year Awarded
High School or GED		Not Applicable	
Associates Degree			
Bachelors Degree			
Masters Degree			

**Current Valid Professional Credentials** (check all that apply)

Please note that all Gateways to Opportunity Credentials are already on file and do not need to be reported here.

**Child Development Associate (CDA)**      **Date Awarded:**       **Expiration Date:**

**Certified Child Care Professional (CCP)**      **Date Awarded:**       **Expiration Date:**

**Current Certifications** (check all that apply)

**Illinois Type 04 Certification**      **Date Awarded:**       **Expiration Date:**

**Montessori Certificate**      **Date Awarded:**       **Expiration Date:**

**SECTION 5 - GATEWAYS TO OPPORTUNITY REGISTRY**

All participants in Gateways to Opportunity programs will receive a complimentary membership in the Gateways to Opportunity Registry. The Gateways Registry will track trainings you attend and provide you with a Professional Development Record (PDR). For more information about the Registry, visit [www.ilgateways.com](http://www.ilgateways.com).

**Do you want Gateways Registry staff to perform a Basic Transcript Review?**

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your PDR as the total number of credit hours you have completed, as well as the number of credit hours in ECE you have completed.

Yes (please include official college transcript[s] in a sealed envelope from the college or university)

No

**How did you first learn about the Registry?** (check only one)

Center Director       Local Child Care Resource & Referral       Conference/Presentation

Mailing       Co-Worker       Professional Development Advisor

Provider Association       Website/Social Networking       Other

**SECTION 6 - SIGNATURE**

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my name and application information for research/evaluation purposes. I also understand that I will become a member of the Gateways to Opportunity Registry. For more information, please view the Privacy Policy at [www.ilgateways.com](http://www.ilgateways.com).

**Print Name:**

**Applicant Signature:**       **Date:**

Check here if you do not wish for your name to be released for recognition of your participation in Gateways programs.

If applicant is under the age of 18, a parent or legal guardian signature is required below.

**Print Name:**

**Guardian Signature:**       **Date:**

**Mail completed application to: INCCRRA/Applications · 1226 Towanda Plaza · Bloomington, IL 61701**

Please use the checklists provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. Any missing documentation will delay the application process and could lead to ineligibility to participate in the program.

### Participant Application Checklist

Enclosed	On File at INCCRRA	
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<input type="checkbox"/>	<input type="checkbox"/>	Participant Application
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If applying to the Registry, please include the following if you wish for them to appear on your Registry PDR:

<input type="checkbox"/>	<input type="checkbox"/>	Official transcript(s) of college degree(s) completed (as reported on the Participant Application)
<input type="checkbox"/>	<input type="checkbox"/>	Copies of valid credentials (as reported on the Participant Application)
<input type="checkbox"/>	<input type="checkbox"/>	Copies of valid certifications (as reported on the Participant Application)

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