

The Lotus Project: A National Peer Advocacy Training

January 27-30th, 2009 (10 a.m. – 5 p.m.)
Los Angeles Area, California

THE LOTUS PROJECT

is a four-day training designed specifically for HIV+ women who are working or volunteering in the HIV field. The goal is to train HIV+ women to be able to provide outreach, education, and support as part of a care team and to assist other HIV+ women to get into and /or continue care and treatment.

WHO IS THIS FOR?

- Women living with HIV who have been clean from drugs and alcohol for at least 2 years and practice safe and healthy behaviors.
- Those who work or volunteer at a local community based organization in the HIV field in CA
- Peer advocates who have had limited or no training
- Active volunteers on planning councils or consumer group at Ryan White funded organizations in CA

TOPICS

The Lotus Project peer Advocacy Training will give you the opportunity to learn:

- What it means to be a peer educator/advocate;
- How to embrace your own power as an HIV+ woman;
- HIV 101 basics and up-to-date HIV care and treatment information;
- How to navigate systems of care to serve clients;
- How to develop and sustain working relationships with clients, providers, and supervisors...

TRAINING LOCATION: Los Angeles Area

REGISTRATION & COSTS

- The cost of the training is FREE (funded by HRSA). Training materials, breakfast, and lunch will be provided for all four days of the training.
- Hotel and travel expenses will be paid for those accepted for the training and living 10 or more miles away. Please indicate on the application form if you will need assistance.
- Childcare stipends will be provided for those needing assistance.
- ***Participants will be contacted for phone interviews after the application deadline date and to confirm attendance and to discuss special needs and scholarships.***
- Confirmation letters, including exact location, directions, and a detailed agenda will be mailed prior to the training.

Complete the attached application form. Deadline is *Friday, December 19th, 2008.*



LOTUS PROJECT IS A COLLABORATION BETWEEN

The Center for Health Training and Women Organized to Respond to Life Threatening Disease (WORLD) to develop and implement Peer Advocacy Trainings around the country. Funding provided by the Health Resources and Services Administration (HRSA).

Contact the Lotus Project:

Shalini Eddens, MPH – **WORLD**, 510.986.0340
Seddens@womenhiv.org or
Shailey Merchant, MPH – **CHT**, 510.835.3700
merchant@jba-cht.com
www.lotuspeereducation.org



Local Collaborating Partner:

Center For Health Justice
West Hollywood, CA 90046
Tel. 323.822.3830 www.healthjustice.net
Women at Risk
Culver City, CA 90230
Tel. 310.204.1046 www.womenatrisk.org





APPLICATION FORM

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Los Angeles Area, California

Please print clearly & completely.

First Name: _____ Last Name: _____

Address and Apt Number: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Age: _____ Ethnicity: _____ Year Diagnosed with HIV _____

Years I have been clean from drugs and alcohol:

- less than 2years more than 2 years doesn't apply to me

Years I have worked or volunteered as a peer advocate/educator:

- less than 2years 2-5 years greater than 5years have not worked as peer

HIV/AIDS or other health care agency where you work or volunteer as a peer advocate:

Do you currently work or volunteer as a peer advocate: YES NO

Name of agency: _____ Address: _____ Zip code: _____ Website: _____

Your job title: _____ Your job duties: _____

Years working or volunteering as a peer at this agency: _____

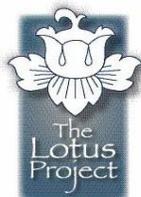
- I work(with paid stipend or salary) as a peer. I volunteer as a peer.

Name of my supervisor: _____ Supervisor's phone number: _____

What type of funding does your peer program at your agency receive?

- Ryan White Part A, B, C, D
 Other government funding. Specify: _____
 Foundation Funding. Specify: _____
 Other: Specify: _____
 Don't Know





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First Name: _____ Last Name: _____

I believe my understanding of Peer Advocacy is: Limited/Basic Advanced

I believe my understanding of HIV/AIDS is: Limited/Basic Advanced

What do you hope to do as a result of this training? _____

SPECIAL NEEDS

- Wheelchair accessibility
- Spanish Translated Materials
- Special Diet Needs (explain): _____
- Will need assistance to pay my childcare provider (paid directly to provider at \$40/day)

TRAVEL SCHOLARSHIP

The cost of the training is free (funded by HRSA). Scholarships will be provided for hotel & travel expenses for all living 10 or more miles away from training site.

Hotel:

- I am ok with sharing a hotel room with another participant (Monday-Thursday nights).
- I prefer not to stay at the hotel.
- I prefer a smoking room.

Transportation:

- Money for transportation (bus or train or plane)
- Mileage Reimbursement (I will drive my own car)
- I need assistance with arranging my transportation to the training site.
- My organization will pay for my transportation.

DEADLINE Friday, December 19th, 2008

MAIL, FAX, OR EMAIL THIS APPLICATION FORM TO:

Shailey Merchant, Project Director

The Center for Health Training 614 Grand Avenue, Suite 400 Oakland, CA 94610

Ph: 510.835.3700 • Fax: 510.625.9307 . merchant@jba-cht.com

