



**ChildFirst Georgia - ChildFirst Expanded Forensic Interview Training  
May 6-8, 2024**

**Atrium Health Navicent - Peyton Anderson Cancer Center - 682 Hemlock Street - Macon, Ga. 31201**

Only 12 individuals will be accepted into this training. Information to note before you apply:

1. All trainees are responsible for their own travel expenses including mileage, lodging and food.
2. This application must be completed in full and emailed or faxed on or before **April 19, 2024**.  
Email address: [childfirst@cherokeechildadvocates.org](mailto:childfirst@cherokeechildadvocates.org).  
Fax number: 678-445-7778
3. If you are selected to attend this training, and find that for some reason you will not be able to attend, please contact Kelley Vincent at 678-504-6388 or email [childfirst@cherokeechildadvocates.org](mailto:childfirst@cherokeechildadvocates.org) as soon as possible so another person may utilize your spot. You **may not** substitute someone in your place. Others who apply and who are not selected will be rank ordered so that the 13<sup>th</sup> person will take any open spot.
4. This application must be signed and dated as indicated before it is submitted.
5. Please initial below as indicated to assure us that you meet the qualifications.

**APPLICATION FOR TRAINING**

\_\_\_\_\_ (initial) I certify that I have attended basic forensic interviewer training (ChildFirst, Finding Words, NCAC, Corner House, etc). I attended \_\_\_\_\_ (name of training) on \_\_\_\_\_(date) in this location \_\_\_\_\_.

\_\_\_\_\_ (initial) I have personally conducted at a minimum 100 forensic interviews of children related to an allegation of abuse.

\_\_\_\_\_ (initial) I am currently an active member of my local multidisciplinary team.

\_\_\_\_\_ (initial) As part of my job responsibilities I currently conduct forensic interviews for \_\_\_\_\_ (name) Children's Advocacy Center.

\_\_\_\_\_ (initial) I have included a letter of support for this training from my local Children's Advocacy Center Executive Director (or Board President if the Director is applying).

**Please indicate your role on the Multidisciplinary Team in your jurisdiction:**

*CAC DFCS Law Enforcement Medical Mental Health Prosecution Victim Witness Advocacy*

Applicant:

\_\_\_\_\_

*Last First Name you prefer to be called in class Job Title*

\_\_\_\_\_

*Applicant E-Mail Address*

\_\_\_\_\_

*Applicant Cell Number*

Agency Information:

\_\_\_\_\_

*Agency Name*

Agency Street Address

City/State

Zip Code

Agency Phone

Agency Fax

County AND Judicial Circuit

I certify that the information in this application is true and that I will commit to attending this training as currently planned. If for some reason I am not able to attend the training due to a last minute event (sickness, court docket, etc.), I will let staff from ChildFirst Georgia know as soon as possible.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By the signature below, I verify that this applicant has my approval to attend the three-day ChildFirst Expanded Forensic Interview course.

\_\_\_\_\_  
Agency Head

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please answer the following questions on additional sheets of paper in as thorough a manner as possible.

1. Does your Multidisciplinary team support the use of Expanded (multiple sessions) Forensic Interviews? If so, is this spelled out in your Protocol or Interagency Agreement? If not, describe how you will work with your team to implement the use of Expanded Forensic Interviews.
2. After receiving the ChildFirst Expanded training, how do you intend to implement the training in your local area?
3. Do you speak another language(s) other than English? If so, what language(s)? Will you be able to conduct expanded forensic interviews in this language?
4. Have you participated in other expanded/extended forensic interview training? If so what type of training was received and when?
5. To your knowledge, is there anyone else in close proximity to you trained in conducting expanded forensic interviews?

**Location Information**

ChildFirst Expanded course will take place at the  
**Atrium Health Navicent - Peyton Anderson Cancer Center**  
**682 Hemlock Street**  
**Macon, GA 31201**

**Participants are responsible for their own lodging, meals and travel arrangements.** Hotel/lodging information will be provided to students upon selection for the course. Please do not arrange travel prior to acceptance.

**Students must be present for the entire training session.**

Please submit completed application to [childfirst@cherokeechildadvocates.org](mailto:childfirst@cherokeechildadvocates.org) or fax to 678-445-7778.

***APPLICATIONS MUST BE SUBMITTED BY APRIL 19, 2024.***  
***Applicants will be notified of the status of their application as soon as possible, no later than 4/20/2024***