

Center for Disabilities and Development

Iowa's Leadership Education in Neurodevelopmental & related Disabilities (ILEND)

ILEND Program Application* Graduate Students & Practicing Professionals

*If you are applying for the **Family or Self-Advocacy** disciplines, please complete the **Lived Experience application** on the ILEND recruitment page.

Application Checklist

- Cover letter describing your interest in the ILEND Program and includes answers to the following questions:
 - 1. Why do you want to be a trainee in the ILEND program?
 - 2. In what ways have you already demonstrated leadership/advocacy?
 - 3. What does it mean to be a leader in your chosen field, and what type of career do you envision for yourself?
- Completed application form (this document)
- Copy of resume/curriculum vitae
- Send all materials by email to <u>lori-vandervelden@uiowa.edu</u>
- Arrange to have two recommendation letters emailed directly to <u>lori-vandervelden@uiowa.edu</u>

Are you legally eligible for employment in this country?

Yes

No
(Proof of US Citizenship or permanent resident status will be required if you will be receiving a stipend.)

Name						
Home Address						
Street						
Apt#						
City, State, Zip						
Phone						
Email						
Ethnicity: [city: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Prefer not to answer					
Race:	☐ Black or African American ☐ American Indian/Alaska Native					
	☐ Asian ☐ White ☐ Native Hawaiian/Pacific Islander					
] More than one race ☐ Prefer not to answer					

Languages spoken:							
Education:							
Degree(s) Earned: College/Univ	 versitv	Degree	Date of Graduation	Major/Discipline			
- Comogo, Ornivoronty				,			
Current University/Department School and Address:							
University		moor arra	, ruai ooo:				
School/Department							
Address 1							
Address 2							
City/State/Zip Degree in Progress							
(Please specify)							
Major/Discipline (Check only the one that best applies):							
Audiology							
☐ Education – Mental Health Counseling							
☐ Education – Rehabilitation Counseling							
☐ Education – Scho	ol Counseling						
☐ Healthcare Administration							
Nursing							
Medicine							
Occupational Therapy							
☐ Physical Therapy							
☐ Psychology							
☐ Public Health							
☐ Social Work							
☐ Speech-Language Pathology							
Other (please specify):							

(Optional) Do you identify as a:					
☐ Person with a disability					
☐ Family member/caregiver of a person with a disability					
Current Employment & Graduate Positions Projected Hours <u>During ILEND Year</u> (if applicable)					
Employer Name					
Estimated hours					
Graduate Position Title (GA, TA, etc.)					
Estimated Hours					
Do you require any accommodations to participate in the ILEND program?					
If yes, please describe:					
,					
How did you hear about the ILEND program? Please select all that apply:					
A current or former ILEND trainee					
A presentation in one of your classes					
A professor/advisor/mentor in your discipline					
☐ The ILEND website					
Other (Please specify):					

References: List names, position, phone numbers, and e-mail addresses of individuals who will be forwarding letters of recommendation to us.

Name	Position (or relationship to applicant)	Phone Number	Email Address

Please submit your completed application form to:

Lori Vander Velden, ILEND Administrative Services Coordinator at lori-vandervelden@uiowa.edu

The University of Iowa is an equal opportunity/affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences. Persons with disabilities who need assistance or accommodations with the application or interview process may contact University Human Resources/Faculty and Staff Disability Services, (319) 335-2660 or fsds@uiowa.edu. For jobs in UI Health care, please contact UI Health care Leave & Disability Administration at 319-356-7543.