

LEADERSHIP I: STRATEGIES FOR COMPANY SUCCESS (W0803)



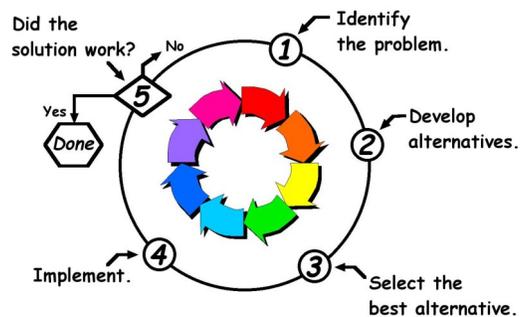
Kent Division

January 21-22, 2017

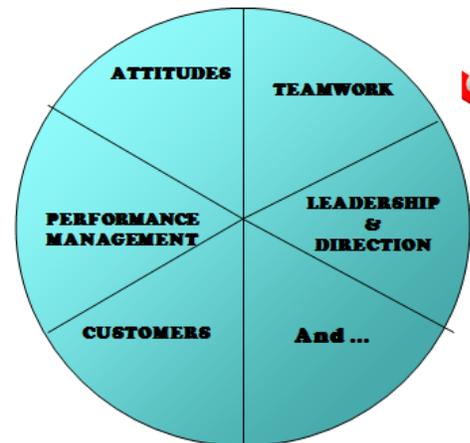
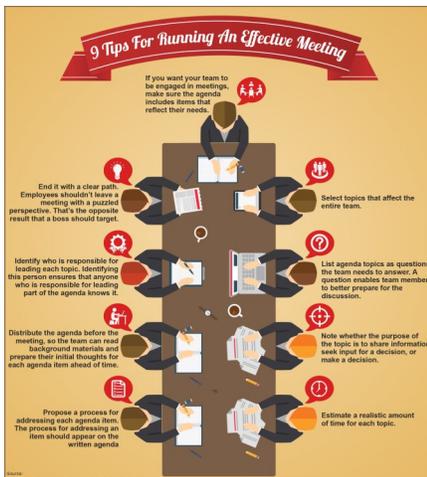
SWOT Analysis

		External	
		Opportunities	Threats
Internal	Strengths	How do you leverage your strengths to benefit from opportunities?	How do you use your strengths to minimize the impact of threats?
	Weaknesses	How do you ensure your weaknesses will not stop you from opportunities?	How will you fix weaknesses that can make threats have a real impact?

Steps to solve a problem...



This two-day course presents the Company Officer (CO) with the basic leadership skills and tools needed to perform effectively in the fire service environment. The course includes techniques and approaches to problem-solving, ways to identify and assess the needs of the CO's subordinates, methods for running meetings effectively in the fire service environment, and decision-making skills for the CO.



Register By:

January 06, 2017

Students applying for NFA training courses are required to register for a Student Identification Number (SID). This number will be used in place of the Social Security Number on General Admissions Application forms.

How to Register for a Student Identification Number

The Federal Emergency Management Agency (FEMA) is in the process of eliminating the use of the Social Security Number (SSN) when applying for FEMA training.

National Fire Academy students interested in applying for FY 2013 on-campus (10-/6-/2-day) and off-campus (10- and 6-day) courses will need to register for an interim Student Identification Number (SID) that will be used in place of the SSN. This number can be obtained through the Center for Domestic Preparedness (CDP) Training Administration System (CTAS).

Applications for FY 2013 NFA courses that do not include a SID will not be processed.

To obtain a SID

Register with CTAS at <https://cdp.dhs.gov/elms>

Click on the "Create Account" button on the left side of the screen.

Follow the instructions to create your account.

You will be asked to provide your SSN to register in CTAS but this will be phased out with the new FEMA training registration system, expected to be available towards the end of Summer 2012.

Use the SID in place of the SSN on the General Admissions Application Form (FEMA Form 119-25-1) and General Admissions Application Short Form (FEMA Form 119-25-2).

Additional Information

Students applying for 2-day off-campus and NFA Online courses are not required to obtain a SID at this time.

Obtaining a SID is an interim step until the new FEMA training registration system is operational.

Anyone registered in CTAS will not need to register again.

The SID will serve as your FEMA Training Identification Number (FTIN) in the new registration system.

General Admissions Application forms are being revised to eliminate the need for the SSN and include a field for the SID/FTIN.

All information about courses, application and suggestions for successful completion of the application can be found at the following sites:

Course Catalog and schedule: www.usfa.dhs.gov/nfa/catalog/index.shtml

Download Application:

[FEMA Form 119-25-1](#), General Admission Application (formerly FEMA Form 75-5) (PDF, 629 Kb) Use this application if your course code begins with the following letters: R, N, O, P or T.

[Tips](#) to completing your application:

Eight Tips for Completing a Successful NFA Application (PDF, 332 HKb)

Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT AND OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO THE DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

National Fire Academy Class

Class information:

Course Name: NFA - Leadership I

Location: DSFS Kent Division

Dates: January 21 & 22, 2017



Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov
Email: Fire.School@state.de.us
Rev. 11/10/15

REGISTRATION DEADLINE: January 06, 2017

You MUST complete the NFA Application with your NFA SID Number and submit with this Registration Form.

Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

E-Mail:

Date Joined Fire Service:

Sponsoring Organization:

Payment Information

Tuition: \$0.00

Check payable to Delaware State Fire School

Invoice (DE Fire Companies Only)

Credit Card Select Type:

Card Number:

Expiration Date:

Cardholder Name:

CVV (On back of card):

Sex:

Male Female

Ethnic Origin:
(Optional)

CANCELLATION POLICY: Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed fee or payment or class tuition.

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE _____

Date _____

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization _____

Print Name _____

Date _____

Sponsoring Organization _____

Title _____

Contact Phone Number _____

DEPARTMENT OF HOMELAND SECURITY FEDERAL
EMERGENCY MANAGEMENT AGENCY GENERAL
ADMISSIONS APPLICATION SHORT FORM

See Reverse for
Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION

1. DATE OF BIRTH (Mo, Day, Yr.)		2. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		3. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT		If No, City and Country of Birth:	
4. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER						4a. ETHNICITY <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO	
5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)						6. STUDENT IDENTIFICATION (SID) NUMBER	
7. HOME MAILING ADDRESS (Street, avenue, road no., P.O. box/city or town, and zip code)						8. Work Phone Number: _____ 9. Home Phone Number: _____ 10. FAX Number: _____ 11. E-MAIL ADDRESS _____	
12a. ENTER COURSE CODE AND TITLE						12b. COURSE LOCATION	
						12c. DATE	
13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, indicate & describe any special considerations required on a separate sheet)							

SECTION II - EMPLOYMENT INFORMATION

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED			14b. NFIRS # (NFA ONLY)	15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION	
16. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			16b. ORGANIZATION		16c. CURRENT STATUS
16a. JURISDICTION <input type="checkbox"/> STATEWIDE 4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 7. <input type="checkbox"/> FOREIGN <input type="checkbox"/> COUNTY GOVERNMENT 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 8. <input type="checkbox"/> DHS/FEMA <input type="checkbox"/> CITY/TOWN/VILLAGE 6. <input type="checkbox"/> INDUSTRY/BUSINESS 9. <input type="checkbox"/> TRIBAL NATION			1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION		1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST

SECTION III - ENDORSEMENT AND CERTIFICATION

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).
17b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.
17c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
17d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

18a. SIGNATURE OF APPLICANT		18b. DATE
19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.		
19a. SIGNATURE	19b. PRINTED NAME AND TITLE	19c. DATE
20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
20a. SIGNATURE AND DATE (State Office)	20b. SIGNATURE AND DATE (FEMA Regional Office)	
21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR		

22a. DISPOSITION

ACCEPTED REJECTED

22b. SIGNATURE OF REVIEWER

22c. DATE

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.), Section 552a, for individuals applying for admission to NFA Or EMI.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121, et. seq.; Title 44 U.S.C. Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES: To determine eligibility for participation in NFA and EMI courses. Information such as age, gender, and ancestral heritage are used for statistical purposes only.

USES: Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring states, local officials, or state agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

PAPERWORK BURDEN DISCLOSURE NOTICE

*Public reporting burden for this data collection is estimated to average 6 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.***