



NextStep

OCCUPATIONAL COMPUTER SKILLS TRAINING

4/17/23 – 5/25/23



Learn Tech Skills.
Explore New Pathways.
Start Now.

NextStep is PRC’s comprehensive, **6-week course** in Office tech skills. With more than 50 hours of instruction, you can gain proficiency in the desktop, email essentials, the Internet, **Word**, **Excel**, **PowerPoint**, Outlook, and Google Suite.

Our patient, experienced instructors foster a supportive and friendly environment. There is a lot of hands-on, assisted practice where you can work at your own speed. You will learn job readiness skills according to each participant’s unique capacities and needs.

Class occurs Mondays, Wednesdays, and Thursdays, **1:00 p.m. to 4:00 p.m.**, in our spacious lab with extensive open lab hours also available. Class dates are subject to change.

April 2023						
Su	M	Tu	W	Th	F	Sa
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

(class dates shaded NS#44)

May 2023						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

(class dates shaded NS#44)

Important Update: We are **in-person** in the lab at 170 9th Street (between Mission and Howard). Training will take place under the latest COVID safety protocols.



Start by contacting your DOR Counselor, PRC Employment Specialist, or email WD-training@prcsf.org or contact **Brian Whitford**, Trainer, [he/him/his] at brian.whitford@prcsf.org or (415) 972-0805.

PRC WORKFORCE DEVELOPMENT PROGRAM, 170 9th STREET, SAN FRANCISCO, CA 94103 ▪ (415) 777-0333
 PRC Workforce Development is open Monday to Friday from 9 a.m. to 5 p.m. (excluding most federal holidays). There are no program fees. PRC Workforce Services are offered to clients on an annual basis. Clients may renew their services on an annual basis and may terminate services at any time.

LEFT BLANK INTENTIONALLY

1. Applicants please **keep this sheet** with information and dates
2. Please **submit pages 3-6**



First Name:		Last Name:	
Pronouns		Email:	
Address:			
City, ZIP:		Phone:	
Are you currently a client of PRC's Workforce Development Program? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure			
Are you currently in a vocational plan with the California Department of Rehabilitation? <input type="radio"/> Yes <input type="radio"/> No			
Are you a person living with HIV, a mental health diagnosis, or a substance use history? <input type="radio"/> Yes <input type="radio"/> No			
Briefly describe your career plans:			
Please let us know about your tech access and experience: <i>(we may be able to help with getting a device but it's no problem if you aren't sure of all these details...we will follow-up individually, whatever your situation)</i>			
I have a smart phone		<input type="radio"/> Yes <input type="radio"/> No	
I am in need of a computer		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure	
I have <i>access</i> to (please check all that apply):	<input type="checkbox"/> A computer (of any kind; desktop, laptop, tablet, smart phone) <input type="checkbox"/> Internet (whether by Chrome, Firefox, Edge, Safari, etc. or by tablet or phone) <input type="checkbox"/> Email (a working account I can get to easily)		
I own a computer that is a: and less than 3 years old. (check all that apply)	<input type="checkbox"/> Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Smart phone		
My Internet speed is: (choose best one)	<input type="radio"/> Reliable <input type="radio"/> Okay <input type="radio"/> Unreliable <input type="radio"/> I have no Internet access		
The software I have on my computer is: (please check all that apply)	<input type="checkbox"/> Microsoft Windows OS <input type="checkbox"/> Apple Mac OS <input type="checkbox"/> Google Android <input type="checkbox"/> Not Sure		

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Please assess yourself, as best you can, for the following skills (trainings include <i>pre-</i> and <i>post-</i> assessments):	
Computer Basics	Could be improved < <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 > Already strong
Internet Use	Could be improved < <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 > Already strong
Email	Could be improved < <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 > Already strong
Microsoft (MS) Word	Could be improved < <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 > Already strong
MS Excel	Could be improved < <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 > Already strong
MS PowerPoint	Could be improved < <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 > Already strong

Signature
<p>Please read and then sign below.</p> <p>I understand that there are no program fees and that PRC Workforce Development services are offered to clients on an annual basis. Clients may renew their services on an annual basis and may terminate services at any time. I understand that this application does not guarantee me a place in the training.</p> <p>Applicant's Signature: _____ Date: _____</p>

<p>Applications may be dropped off OR mailed to:</p> <p>PRC Attn: Brian Whitford 170 9th Street San Francisco, CA 94103</p>	<p>Applications may also be emailed as a pdf: WD-training@prcsf.org</p>
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Our mission is to help people living with HIV/AIDS, substance use, or mental health better realize opportunities and are strongly encouraged to apply. If you require a reasonable accommodation to participate in this program, please send an email to wd-training@prcsf.org or call Brian Whitford, PRC Workforce Development Trainer, at 415-972-0805

PRC aims to provide digital equity to those in most need, and we will assess for your need. Not all students will be receiving the same digital hardware. In cases with low digital need we will provide you with a more appropriate digital hardware item.

Exhibit 3: Participant Demographic Information Survey

The Office of Statewide Health Planning and Development (OSHPD), who funds your participation in this program, is administering this demographic survey. To enable the evaluation of the program's effectiveness towards serving diverse populations, this survey collects data on the wide range of demographics of our program participants. While this survey is optional, OSHPD kindly requests your completion of this anonymous survey.

Please indicate the county where you live: County _____

Please identify your Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American/Black/African | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> American Indian/Native American/Alaskan Native | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> South American |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Laotian/Hmong | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Caucasian/White/European | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Decline to State | |

Please select any languages you speak in addition to English:

- | | | |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Khmer | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Kiswahili | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Urhobo |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Other |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Portuguese | |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Russian | |

Not everybody uses the same labels, however, indicate which BEST describes your current gender:

- | | |
|--|--|
| <input type="checkbox"/> Androgynous | <input type="checkbox"/> Male/Transman/FTM Transgender |
| <input type="checkbox"/> Female | <input type="checkbox"/> Questioning my Gender |
| <input type="checkbox"/> Female/Transwoman/MTF Transgender | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Male | |

Not everybody uses the same labels to describe their sexual orientation, however, indicate which BEST describes your sexual orientation:

- | | |
|---|---|
| <input type="checkbox"/> Bisexual/Pansexual | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian |
| | <input type="checkbox"/> I'm questioning whether I'm straight or not straight |
| | <input type="checkbox"/> Queer |
| | <input type="checkbox"/> Decline to State |

Please identify if you are a consumer and/or a family member:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Both |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> None |
| <input type="checkbox"/> Decline to State | |

Do you identify as having a disability*?

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Decline to State | <input type="checkbox"/> None |

*A disability is defined as an individual who: 1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; 2) has a record or history of such impairment or medical condition; or 3) is regarded as having such an impairment or medical condition.

Please select your age group:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 40-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65 years and over |
| <input type="checkbox"/> 25-39 | <input type="checkbox"/> Decline to State |

Are you a Military Veteran?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

What type of peer-to-peer/direct service work are you interested in pursuing?

For example: HIV Health Services, Substance Use Recovery, Housing, Mental Health, Employment Services.

Are you currently employed or volunteering?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please specify.

Organization: Location:

Hours per week: