

Cultural Humility Academy Application

| Applicant Information | | | |
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| Full Name: | | Position: | |
| Department: | | Email: | |
| Office Phone: | | Cell Phone: | |
| Date of application: | | | |
| Optional Information (This information does not determine eligibility for the Academy, but only informs facilitators about the identities of participants prior to the beginning of the Academy) | | | |
| Race/Ethnicity: | | Gender Identity: | |
| Sexual Orientation: | | Age: | |
| Religious identity (if any): | | Relationship status: | |
| Veteran (Y/N): | | Education: | |

Academy Details

The goal of the Cultural Humility Academy is to give participants knowledge and skills to practice cultural humility in their daily professional and personal lives. Participants will explore topics centered around 1) Critical Self Reflection and Life-Long Learning, 2) Power Imbalances, and 3) Accountability. The cohort size will be less than 15 people which will allow for full interaction and participation, as well as a chance to build a supportive learning community. Each session is two hours in length and will be facilitated by individuals with a variety of perspectives, identities and expertise. Participants will be given periodic readings, short video clips, and reflective writing tasks to complete between sessions, which will add context and knowledge as a part of the session they attended, or in preparation for the next session’s content. Reflective journals will be provided to each participant, and by the end of the academy each participant will have developed an individual and departmental plan which will detail how they hope to implement cultural humility into their lives. Applicants will be supported in doing so by facilitators and their peers. Through the work of the Cultural Humility Academy cohorts, it is hoped UofL will build a thriving community working to achieve equity at this institution.

It is vital that all cohort members attend all sessions as this Academy includes building a sense of community with other cohort members. If a cohort member misses a session they will need to do makeup work (additional readings, reflections, activities, etc.) in order to stay up to pace with the rest of the cohort. This makeup work is to be determined by the facilitators. If a cohort member misses too many sessions (as determined by facilitators) they will be asked to leave the Academy as they will not be fully contributing to building community with their other cohort members. By submitting this application the applicant is agreeing to attend all sessions.

The tentative dates of the Academy are as follows from 2-4pm each day in room 208 of the HSC Instructional Building:

- Sept. 6, 20
- Nov. 1, 15, 29
- Jan. 10, 24
- Oct. 4, 18
- Dec. 13
- Feb. 7, 21

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| Application Question: |
| Why are you interested in participating in the Cultural Humility Academy, and how do you think you might use the knowledge/skills gained? |
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Supervisor Section (to be completed by the applicant’s immediate supervisor)

Regular and consistent participation is required as cohort members will be using what they’ve learned in their daily lives, work, and in their departments. The Academy takes place during work hours, it is a professional development opportunity, and each cohort member will be leaving with plans to implement their new cultural humility knowledge and skills in their work and department. Therefore, confirmed support by a supervisor is required for each applicant’s potential participation in this academy. At the end of this academy, cohort members who successfully accomplish all components will receive a certificate of completion verifying they’ve met the goals of the academy as intended by facilitators. We hope that those who complete this Academy should be somehow recognized for doing so in their annual performance evaluation/appraisal. By signing below you’re indicating your support for the applicant’s participation in the Cultural Humility Academy in general, and for ongoing participation in the sessions as listed in this application.

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|---------------------------------|--|-------------|--|
| Supervisor’s Information | | | |
| Full Name: | | Position: | |
| Department: | | Email: | |
| Date: | | *Signature: | |

* An email from the supervisor stating full support for the applicant will be accepted in lieu of a signature on this application form.