



Training Workshop Information Summary Sheet (Part 1)

Name: _____

Organization: _____

Current Position: _____

Work Address: _____

City: _____ Prov: _____ PC: _____ Phone: _____

E-mail: _____

Home Address: _____

City: _____ Prov: _____ PC: _____ Phone: _____

E-mail: _____

Please send future mailings/emails to the following address:

Work _____ Home _____

Please let us know:

What are your goals for attending this seminar?

List the facilitation skills you possess that will make you an effective trainer/leader.

How do you conduct parent classes? ___ one-on-one ___ small group ___ large group

Have you attended an Active Parenting Facilitator Training Workshop in the past? _____

Which Active Parenting program(s) have you led? _____

How many groups have you led? _____

Do you have access to Active Parenting program kit(s)? _____

Which program best fits your parent groups? ___ AP4 ___ Teen ___ First Five Years



COST: \$549 per person

2 days training includes:

- * AP programs format, facilitator skills, *First Five Years*, *AP4 (NEW!)*, *AP of Teens*, and *AP for Stepfamilies*
- * Introduction to *Cooperative Parenting & Divorce* and *Free the Horses*
- * A PowerPoint presentation for each program

Training Location: _____ Date: _____

METHOD OF PAYMENT (Part 2)

Enclosed is my cheque/money order (payable to Family Services of Central Alberta)

Charge credit card Visa MC Expiry Date: _____

Card # _____

Bill my organization:

Organization Name: _____

Contact Person: _____

Title: _____

Address: _____

City: _____

Province: _____ P.C.: _____

Phone: _____

Email: _____

Office Use Only:

Paid? Order?

Attendance: Day 1

Day 2