



## Training Workshop Information Summary Sheet (Part 1)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Current Position: \_\_\_\_\_

**Work Address:** \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



*Please let us know:*

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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:

- \* Facilitator training in: *AP4, AP of Teens and First Five Years*
- \* Introduction to *Cooperative Parenting & Divorce*
- \* PowerPoint presentation for each program
- \* Facilitator Manual

Training Location: \_\_\_\_\_ Date: \_\_\_\_\_

### **METHOD OF PAYMENT (Part 2)**

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

Paying online

<http://www.activeparentingcanada.ca/shop/facilitator-training-workshops/>

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