



Training Workshop Information Summary Sheet (Part 1)

Name: _____

Organization: _____

Current Position: _____

Work Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail: _____

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?

Coop
Teen

AP4
First Five Years



COST: \$199 per person

Training includes:

* Facilitator training in:

* Facilitator Manual (download)

Training Location: _____ Date: _____

METHOD OF PAYMENT (Part 2)

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

Paying online (not available at this time)

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