

NPP Facilitator Training Application- Manitoba



The *Nobody's Perfect (NPP)* facilitator training is for those with some previous experience and/or education in facilitating groups, in child development and working with families. Applicants should be comfortable with the basic principles of adult education, currently employed with a family support organization and should be passionate about supporting families who may be facing life's challenging circumstances.

April 23, 24, 25 & 26 2019 in Wpg
Sept 17, 18, 19 & 20 2019 in Rivers MB

October 1, 2, 3 & 4 2019 in Wpg

Fee: \$450 / person
Wpg: @ Youville Centre 33 Marion st
Rivers: @ the Health Centre

Facilitator Information

Name: _____ Position: _____

Email: _____ Phone: _____

Agency Information

Agency Name: _____

Agency Address: _____

Website: _____ Fax: _____

Director/Manager Information

Name: _____

Email: _____ Phone: _____

Yes, I require an invoice for the registration fee. **Or** payment is attached.

Before signing this application, please review the following:

Is your organization prepared to:

- Send a staff member to attend the four full days of training?
- Pay for staff member's travel, meals and accommodation (if required)?
- Offer *Nobody's Perfect* to parents (either a group or 1:1) within twelve months following the training?
- Use the program in the manner it was intended?
- Provide the Provincial Coordinator with program reporting information as required?
- Arrange to purchase parent kits, support preparation and promotion time, provide space for the sessions, provide materials such as flip chart paper and markers, help with transportation (if possible) and provide child care and snacks for parent attendees?

X Director/Manager Signature

Date

Note: This application must be submit with the Facilitator Training Registration/Pre Training survey

Facilitator Training Registration/pre training Survey



This form should be completed by the person who will be attending the Facilitator Training. Your answers will help the Nobody's Perfect Trainers integrate your specific needs and interests into the training workshop. All responses are confidential.

DATES OF TRAINING REGISTERING FOR: _____

Facilitator Registration:

Name: _____ Email: _____

Agency: _____ Position: _____

Address: _____ Phone: _____

Check any of the following kinds of training or workshops that you have previously attended.

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Facilitation Skills | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other Parent Education Programs (please specify): _____ | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Communication Skills |

List your Formal education (certificate, diploma, degree):

Why are you choosing to become a *Nobody's Perfect* Parenting Facilitator?

In your own words, what is your definition of the role of a Facilitator?

How comfortable would you be if you were to facilitate a parent discussion right now? Check a number

not comfortable 1 2 3 4 5 6 7 8 9 10 very comfortable

Describe why you chose the number you did. For example, "I am comfortable with people... or I am nervous when..."

Note: Please send these forms to carmen@youville.ca or fax to 204-233-1520

Facilitator Training Registration/pre training Survey



What challenges have you encountered, or think you might face, when working with groups?

Think of something you just learned. (Ex. watching someone, doing it yourself, reading a book...) What is your preferred learning style? (ie Visual, Auditory, Kinesthetic ...)

In your opinion, what is experiential learning?

What is your experience with a participant-centered approach to adult education, either as a participant or as a facilitator?

What are *your* goals &/or expectations for this training?

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Allergies to be aware of: