

Application for Foster Parent Trainers

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number(s): _____ (H) _____ (W) _____ (C)

1. In what ways have you been involved with fostering?
(check appropriate box(es) and indicate length of time involved)

- | | | | |
|--------------------------|---|------------|----------|
| <input type="checkbox"/> | Foster Parent | From _____ | To _____ |
| <input type="checkbox"/> | Youth-in-Care | From _____ | To _____ |
| <input type="checkbox"/> | Birth Child in Foster Family | From _____ | To _____ |
| <input type="checkbox"/> | Foster Care Social Worker | From _____ | To _____ |
| <input type="checkbox"/> | Other Worker in a Child
Welfare Agency | From _____ | To _____ |

2. Is your home currently “open” with your Agency/District Office? Yes No

3. Age Range of Children you have Fostered:
1-5 _____ 6-10 _____ 11-15 _____ 15 & Over _____

4. Please indicate the number of birth children you have and their ages:

5. Please tell us in your own words your reason for wanting to train other foster parents.

5. Have you completed all of the components of the Introductory Level of Care Training?

Training Program	Yes	Please Provide Date	No	Please indicate Date of Workshop you are Registered In.
Orientation/PRIDE Pre-Service Training				
Nonviolent Crisis Intervention Training				
Sensitivity Training Program				
PRIDE-Module 1				
PRIDE-Module 2				

6. We want to know about your **experience** that is related to training and/or facilitating group activities. Some examples of this are: training programs or presentations you may have conducted through your volunteer work or in church activities; chairing meetings; facilitating support groups or discussions; teaching or supervising others in your paid work.

Names of Employer or Organization	Your Role	Dates	What Specific Skills did you gain from this Experience?

7. We also want to know about your **education**, both formal and informal, that has given you knowledge/skills related to facilitation, training, or group dynamics.
(Formal education is schooling at a high school, college, university, vocational school, or other institution where students are earning course credits and/or working toward certificates or diplomas.)
Please describe.

(Informal education is learning that happens in other settings. This includes volunteer training, educational conferences and seminars, on-the-job training, life experiences, etc.)
Please describe.

8. What strengths do you have to offer in presenting, teaching, and facilitating?
11. What skills/knowledge would you like to improve in the areas of presenting, teaching, and facilitating?

12. Describe your experience and comfort level in dealing with/discussing the following topics:

Topic:	Comfort Level: 1/low~ 5/high	Experience (Please be specific)
Physical Abuse of a Child	1 2 3 4 5 (Circle a number)	
Sexual Abuse of a Child	1 2 3 4 5 (Circle a number)	
Emotional/Psychological Abuse of a Child	1 2 3 4 5 (Circle a number)	
Family Violence	1 2 3 4 5 (Circle a number)	
Racism	1 2 3 4 5 (Circle a number)	
Appreciation of Cultural Differences	1 2 3 4 5 (Circle a number)	
Sexual Orientation <i>{i.e. concerns and issues of persons who are gay, lesbian, bisexual or transgendered}</i>	1 2 3 4 5 (Circle a number)	
Disability Awareness	1 2 3 4 5 (Circle a number)	
Children with Aggressive, Violent or Suicidal Behaviour	1 2 3 4 5 (Circle a number)	

13. Are there any topic areas that you are uncomfortable dealing with as a facilitator? If so, what are they?

14. Is there any medical reason (i.e. back injury) why you would not be able to present all components of the training program? Yes No
If yes, please indicated what this may be: _____

15. To what extent are you comfortable working with other Trainers and audience members who come from a range of backgrounds and age groups, and who may have different values, beliefs, and life experiences than your own?
16. What strengths and qualities do you bring to a team approach?
17. To what extent are you able to make a full commitment to the responsibilities of a Trainer as outlined in the Criteria for Foster Parent Trainer? (preparation time, travel, training sessions, meetings, etc.)
18. **Please indicate times when you are most available for training, preparatory work, travel, etc. (check those that apply)**
- | | | | | | |
|--------------------|--------------------------|------------|--------------------------|---------------------------|-------|
| Weekday Mornings | <input type="checkbox"/> | Year-round | <input type="checkbox"/> | or Seasonal (list months) | _____ |
| Weekday Afternoons | <input type="checkbox"/> | Year-round | <input type="checkbox"/> | or Seasonal (list months) | _____ |
| Weekday Evenings | <input type="checkbox"/> | Year-round | <input type="checkbox"/> | or Seasonal (list months) | _____ |
| Saturday All Day | <input type="checkbox"/> | Year-round | <input type="checkbox"/> | or Seasonal (list months) | _____ |
| Sunday All Day | <input type="checkbox"/> | Year-round | <input type="checkbox"/> | or Seasonal (list months) | _____ |

Please answer “yes” or “no” to the following questions:

- a) *yes* *no* Do you have a valid Nova Scotia Driver’s license?
 b) *yes* *no* Are you able to drive in winter?
 c) *yes* *no* Are you able to drive to other areas of the province to facilitate training?
 d) *yes* *no* Can you arrange child care whenever you need it?

19. What experience do you have using laptops & LCD projectors, DVD Players and flip charts?

20. Is there anything else you would like to add about your interest or qualifications for this Trainer position?

21. **Please indicate which program interests you the most (with #1 being your first choice)**

- ___ *PRIDE Pre-Service*
 ___ *PRIDE Core Modules*
 ___ *Nonviolent Crisis Intervention Training Program*

22. **Have you requested references from the following groups/organizations?**

- yes* *no* *Mi’kmaq Family and Children’s Services or office of the Department of Community Services in your area*
yes *no* *local Foster Family Association or Support Group*
yes *no* *community organization, church or volunteer service that knows your work*

If not, please explain: _____

