



Federation of Foster Families of Nova Scoti

Suite 350, 99 Wyse Road, Dartmouth, NS B3A 4S5
Telephone: (902) 424-3071 Fax: (902) 424-5199 Toll Free: 1-888-845-1555
www.fosterfamilies.ns.ca

Application for Foster Caregiver 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 Caregiver	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 ___

Age range of children you have fostered:

1-5 _____	6-10 _____	1-15 _____	1-15 _____
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3. Please indicate the number of birth children you have and their ages:

1-5 _____	6-10 _____	1-15 _____	1-15 _____
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4 Why do you want to become a foster caregiver trainer?

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

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

4. We want to know about your experience that is related to training and/or facilitating group activities.

(i.e. Training programs or presentations you may have conducted through your volunteer work, facilitating support groups, teaching, or supervising others in your paid work)

Employer or Organization	Dates	What specific skills did you gain from this experience?



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5. 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).*
- *(Informal education is learning that happens in other settings. This includes volunteer training, educational conferences and seminars, on-the-job training, life experiences, etc.).*

Institution	Dates	What specific skills did you gain from this experience?

6. What strengths do you have to offer in presenting, teaching, and facilitating?

7. What skills/knowledge would you like to improve in the areas of presenting, teaching, and facilitating?



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8. 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)	

9 Are there any topic areas that you are uncomfortable dealing with as a facilitator?



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10 Is there any medical reason (i.e. back injury) why you would not be able to present all components of the training program? If yes, please indicate what this may be:

11 To what extent are you comfortable working with other trainers and foster caregivers who come from a range of backgrounds and age groups, and who may have different values, beliefs, and life experiences than your own?

12 What strengths and qualities do you bring to a team approach?

13 To what extent are you able to make a full commitment to the responsibilities of a Trainer as outlined in the Criteria for Foster Caregiver Trainer? (preparation time, travel, training sessions, meetings, etc.).



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14 Please indicate times when you are most available for training, preparatory work, travel, etc. (check those that apply).

<input type="checkbox"/> Weekday Mornings	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Weekday Evenings	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Saturday All Day	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Sunday All Day	<input type="checkbox"/> Year-round or Seasonal (list months) _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Year-round or Seasonal (list months) _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Year-round or Seasonal (list months) _____

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



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

PRIDE Preservice	
PRIDE Core Modules	
Nonviolent Crisis Intervention	
Sensitivity Training	

Additional information:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a valid Nova Scotia Driver’s license?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to drive in winter?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you able to drive to other areas of the province to facilitate training?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you arrange childcare whenever you need it?

Next steps: After your initial application has been accepted, you will be asked to provide references from the following organizations.

These forms will be emailed to applicants chosen to move forward in the program.

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*Mi’kmaq Family and Children’s Services or Department of Community Services
0.0local Foster Family Association or Support Group
community organization, church or volunteer service that knows your work*

Please submit your completed application to:

Shirley Howard, Coordinator of Training, shirley.howard@novascotia.ca
Telephone: (902) 424-2314 Fax: (902) 424-5199 Toll Free: 1-888-845-1555