



Federation of Foster Families of Nova Scotia

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 NCI 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 Basic Training				
Nonviolent Crisis Intervention Refresher Training (Must be completed each year)				
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.

(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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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).*
- *(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?

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

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



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10. NCI Training requires some physicality to demonstrate disengagements and holds, 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 can you make a full commitment to the responsibilities of an NCI Trainer? (preparation time, travel, training sessions, meetings, etc.).



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14. Please indicate the times when you are available for training, preparatory work, travel, etc. (*check those that apply*). The majority of our training is held on Saturdays and Sundays.

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

PLEASE NOTE: NCI trainers must attend a 3-Day training session with the Crisis Prevention Institute to become a certified trainer. An NCI instructor is also required to attend a 1-day refresher training with the Crisis Prevention Institute every 2 years. These sessions are held periodically throughout the year and are always on a week-day.

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?



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

*Community organization, church or volunteer service that knows your work.
Mi'kmaq Family and Children's Services or Department of Opportunities and
Social Development, Local Foster Family Association or Support Group.*

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

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