



# ***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](http://www.fosterfamilies.ns.ca)

## **Application for Foster Caregiver Sensitivity Trainers**

Name:

Mailing Address:

Email Address:

Phone Number (Best to contact)

### **1. How have you been involved in foster care?**

*(Please describe your experience, such as being a foster caregiver, former youth in-care, support role, or involvement with foster care organizations.)*

Foster Caregiver (Minimum 2 years)

From

To

An adult with lived in-care experience

From

To

Relative of a Foster Family

From

To

Other connection to foster care.

From

To

Please explain.

### **2. What inspires you to become a Foster Caregiver Trainer?**

*(Please share what motivates you to take on this role and how you hope to make an impact.)*



## ***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](http://www.fosterfamilies.ns.ca)

### **3. Have you completed all components of the Introductory Level of Care Training?**

*Check all that apply.*

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 ☐

### **4. Is your home currently “open” with your Agency/District Office?** Yes ☐ No ☐

### **5. Age range of children you have fostered:**

<b>1-5</b> _____	<b>6-10</b> _____	<b>1-15</b> _____	<b>15+</b> _____
------------------	-------------------	-------------------	------------------

### **6. Please indicate the number of birth children you have and their ages:**

<b>1-5</b> _____	<b>6-10</b> _____	<b>1-15</b> _____	<b>15+</b> _____
------------------	-------------------	-------------------	------------------

### **7. Tell us about your experience in leading training sessions or facilitating group activities.**

*(Consider skills such as communication, public speaking, collaboration, cultural awareness, or event participation.)*

**No experience? That’s okay—tell us why you're interested!**

Employer or Volunteer Organization	Dates	What specific skills have you developed through this experience that would support you in your role as a Foster Care Ambassador?



## ***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](http://www.fosterfamilies.ns.ca)

8. Tell us about any education—both formal and informal—that has helped you develop knowledge or skills in facilitation, training, or working with group dynamics.

*Formal education includes schooling such as high school, college, university, or vocational training.*

*Informal education refers to learning through other experiences, such as volunteer training, workshops, conferences, on-the-job training, or life experiences.*

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

9. **What strengths do you bring to presenting, teaching, or facilitating group activities?**

*Feel free to include personal qualities, skills, or experiences that support your ability to engage and communicate with others.*

--

10. How comfortable are you working with other trainers and foster caregivers from diverse backgrounds, age groups, and life experiences, including those with values or beliefs that may differ from your own?

*(Please share any experiences or perspectives that help you in working respectfully and effectively in diverse group settings.)*

--



## ***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](http://www.fosterfamilies.ns.ca)

### **11. What strengths and personal qualities do you bring to a team environment?**

*(Consider how you contribute to collaboration, communication, and supporting others in a team setting.)*

### **12. Please indicate the times when you are available for training, preparatory work, travel, etc.** The majority of our training is held on Saturdays, with the occasional Sunday.

*(Check all that apply.)*

Saturday Yes ☐ No ☐

Saturday Yes ☐ No ☐

### **13. Are you able to commit to the responsibilities of a Sensitivity Trainer, including preparation time, travel, training sessions, and meetings?**

*(Please describe your availability and any factors that may affect your ability to fully participate in this role.)*

### **14. Is there anything else you'd like to share about your interest or qualifications for the NVCI Trainer Program?**



## ***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](http://www.fosterfamilies.ns.ca)

**15. Do you have access to reliable transportation to attend training sessions?**

Yes ☐ No ☐

**16. Are you able and willing to travel *within* your geographic region throughout the year for training?**

Yes ☐ No ☐

**17. Are you able and willing to travel *outside* of your geographic region throughout the year for training?**

Yes ☐ No ☐

*Once your initial application has been reviewed and accepted, you will be asked to provide references from the following sources:*

- *A community organization, church, or volunteer service that is familiar with your work*
- *Mi'kmaq Family and Children's Services **or** the Department of Community Services*
- *Your local Foster Family Association or Support Group*

*Reference request forms will be emailed directly to applicants who are selected to move forward in the program.*

**Please submit your completed application to:**

Shirley Howard, Coordinator of Training, [shirley.howard@novascotia.ca](mailto:shirley.howard@novascotia.ca)

Telephone: (902) 424-2314 Fax: (902) 424-5199 Toll Free: 1-888-845-1555

Signature:

Date:

Or scan the QR code to apply online.

