The Education & Training Grant is available to support the training needs of staff who are dealing with specific challenges related to an individual/s who are dually diagnosed, have challenging behaviour and/or unmet health needs. Working with their local clinical provider, and meeting the grant criteria, funds to a maximum of $5,000.00 can be made available. An eligible request for the training and education grant will provide specific knowledge and expertise that will enhance the participant’s skills to support individuals with a developmental disability and co-existing mental health issue and or challenging behaviour and/or unmet health needs.

Requests may also include opportunities for training & education on a broader scale when a need has been identified by the local clinical provider. All requests will be vetted and approved by the Education and Training sub-committee of the Southern Network of Specialized Care Advisory Committee.

Criteria

☐ The event is being offered to direct support professionals/managers and the specialized clinical team who support adults with a developmental disability and a co-existing mental health issue and/or challenging behaviours and/or unmet health needs.

☐ The participants are drawn from DS/MH agency and the clinical/behavioural provider agency (ies) involved & who support the training.

☐ The education and training will provide specific knowledge and skills that will be used by the participants to support individuals with a developmental disability and a co-existing mental health issue and/or challenging behaviours and/or unmet health needs.

☐ There will be a written evaluation of the event by the participants which will be shared with the Southern Network of Specialized Care within 3 months from the training date/s.

☐ The event will not generate a profit.

☐ The lead applicant will complete the evaluation found on the last page of this application with 30-60 days of the training send to Sue Benko at sbenko@wgh.on.ca

Requests received during this time period ⏳⏩⏩⏩⏩⏩ Committee will review & respond by

<table>
<thead>
<tr>
<th>January 1, 2016 - March 1, 2016</th>
<th>March 31, 2016</th>
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<tbody>
<tr>
<td>April 1, 2016 - June 1, 2016</td>
<td>June 30, 2016</td>
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<tr>
<td>July 1, 2016 - September 1, 2016</td>
<td>September 30, 2016</td>
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<tr>
<td>October 1, 2016 - December 1, 2016</td>
<td>December 30, 2016</td>
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</tbody>
</table>
DATE of APPLICATION: ____________________________________________________________

AGENCY(IES)/ORGANIZATION(S): ______________________________________________________

CONTACT INFORMATION:
NAME: _________________________________  POSITION: _________________________________
Street Address: _______________________________________________________________________
City, Province, Postal Code: _____________________________________________________________
Telephone: (     )      -                            Fax:   (     )      -
E-mail: ______________________________________________________________________________

EVENT DESCRIPTION
TYPE OF TRAINING: ________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

DATE(S) OF TRAINING: _________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

WHO WILL BE TRAINED? (Who will your target audience be?)
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

NUMBER OF PARTICIPANTS: ____________

TRAINING WILL BE CONDUCTED BY (with brief descriptor of trainer/speaker):
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

TRAINING CONTENT: ______________________________________________________________________
DESCRIBE 3 PARTICIPANT GOALS OR OUTCOMES INTENDED TO BE REACHED FROM THIS TRAINING EVENT:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

WILL TRAINING BE AVAILABLE BY VIDEOCONFERENCE?
YES ☐ NO ☐

DESCRIBE HOW TRAINING ENHANCES SERVICES AND/OR BUILDS CAPACITY TO SUPPORT PERSONS WITH SPECIALIZED NEEDS:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

HOW WILL THE EVENT BE EVALUATED? (Develop questions in your evaluation, from this training, that will reflect what the participants will “take away” or “apply” in their work)
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Clinician’s Signature: ____________________________________________
(Required from clinician involved and in support of the training request)

Each Grant request will be considered, and decisions will be made based on individual merit. Backfill costs for staffing will be considered and weighed against other requests.
### BUDGET:

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Proposed</th>
<th>Actual</th>
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<tbody>
<tr>
<td>1. TOTAL COST OF TRAINING INITIATIVE</td>
<td></td>
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<tr>
<td>2. LOCATION COSTS</td>
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<td>3. PRESENTERS</td>
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<td>a)</td>
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<td>4. TRAINING MATERIALS</td>
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<td>5. OTHER</td>
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</table>

<table>
<thead>
<tr>
<th>Revenues</th>
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<tbody>
<tr>
<td>1. REVENUE FROM AGENCY (IES)</td>
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<tr>
<td>2. OTHER REVENUE SOURCES</td>
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</tbody>
</table>

| AMOUNT REQUESTED FROM SNSC                       |          |        |

| AMOUNT REQUESTED FROM SNSC AS PER ABOVE:         |          |        |

Signature: ________________________________________
For Office Use Only:

**DATE RECEIVED:**
__________________________________

**RECEIVED BY:**
__________________________________

**Amount Awarded:**
__________________________________

**DATE OF ISSUE:**
__________________________________

**APPLICANT INFORMED:**
Date: _______________________________
Method: E-mail ☐ Telephone ☐ In Person ☐

PLEASE SEND APPLICATION TO THE SNSC STAFF IN YOUR AREA

**Nancy Hall**, Facilitator
3280 Schmon Parkway
Thorold, ON L2V 4Y6
800-789-1773, ext. 312

nhall@bethesdaservices.com

**Beth Anne Currie**, Research Facilitator
319197 Grey Rd 1
Kemble, ON
NOH 1S0
519-376-7237

bethannecurrie@sympatico.ca

**Liz Froese**, Coordinator
866-486-1651
froese.network@sympatico.ca

**Sue Benko**, Facilitator
4510 Rhodes Drive, Unit 130
Windsor, ON N8W 5K5
519-974-9476, ext. 2501

sbenko@wgh.on.ca

**Tom Archer**, Healthcare Facilitator
(Hamilton, Brant, Haldimand/Norfolk, Niagara)
550 Fennell Avenue, Unit 16A
Hamilton, ON L8V 4S9
800-789-1773, ext. 442

tarcher@bethesdaservices.com

**Cindy Chatzis**, Healthcare Facilitator (Southwest)
333 Athlone Avenue, Suite 201
Woodstock, ON N4V 0B8
800-640-4108, ext. 7202

cchatzis@wgh.on.ca

***copy of application and evaluation to SNSC training committee***
SNSC Education & Training Grant Evaluation

Thank you for taking the time to complete this questionnaire. The feedback will help the Southern Network evaluate the effectiveness of the Education & Training Grants and assist us to determine if these funds are helping to build capacity among those who support people with a dual diagnosis, challenging behaviour or unmet health needs.

What is the name of your agency? Briefly describe the training that took place.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How many people attended the training? ________________________________

Do you believe the objectives of the training were met? If so, please explain.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please comment on how the attendees plan to use the information they received in their future work.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What if any impact did the trainer have on those who participated in the training?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What if any, feedback did you receive from the trainer on their experience during the training event.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Would you recommend this trainer to others looking for similar training?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you summarized your own evaluation and provided the summary to the Southern Network of Specialized Care?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________