



## ***EVENT TRAINING DOLLARS REQUEST***

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](mailto:sbenko@wgh.on.ca)

**Requests received during this time period →→→→→→→ Committee will review & respond by**

January 1, 2016 - March 1, 2016	March 31, 2016
April 1, 2016 - June 1, 2016	June 30, 2016
July 1, 2016 - September 1, 2016	September 30, 2016
October 1, 2016 - December 1, 2016	December 30, 2016

DATE of APPLICATION: \_\_\_\_\_

AGENCY(IES)/ORGANIZATION(S): \_\_\_\_\_

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### **CONTACT INFORMATION:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_ Fax: ( ) - \_\_\_\_\_

E-mail: \_\_\_\_\_

### **EVENT DESCRIPTION**

**TYPE OF TRAINING:** \_\_\_\_\_

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**DATE(S) OF TRAINING:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:** \_\_\_\_\_

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**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:**

**Expenditure**

- 1. TOTAL COST OF TRAINING INITIATIVE
- 2. LOCATION COSTS
- 3. PRESENTERS
  - a)
  - b)
  - c)
  - d)
  - e)
- 4. TRAINING MATERIALS
- 5. OTHER

Proposed	Actual
\$	\$

**Revenues**

- 1. REVENUE FROM AGENCY (IES)
- 2. OTHER REVENUE SOURCES

\$	\$

AMOUNT REQUESTED FROM SNSC

\$	\$
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**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  
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[nhall@bethesdaservices.com](mailto:nhall@bethesdaservices.com)

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**Liz Froese**, Coordinator  
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**Sue Benko**, Facilitator  
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\*\*\*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.

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How many people attended the training? \_\_\_\_\_

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

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

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

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

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

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

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