

EDUCATION and TRAINING GRANT REQUEST FORM

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, 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 & Training Committee, a sub-committee of the Southern Network of Specialized Care Advisory Committee.

# Criteria

* The training & education 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 agencies and the clinical/behavioural provider agency (ies) involved & who support the training request.
* The education and training will provide **specific knowledge and expertise** that will enhance the participant’s skills to support individuals with a developmental disability and a co-existing mental health issue and/or challenging behaviours and/or unmet health needs.
* The agency applying for the grant will be responsible for developing an evaluation for the event and completed by the participants. An evaluation summary 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 pages 5 of this application within 30 – 60 days of the training and sent to Sue Benko at 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: Click here to enter a date.

AGENCY/ORGANIZATION(S): Click here to enter text.

# CONTACT INFORMATION:

NAME: Click here to enter text. POSITION: Click here to enter text.

Street Address: Click here to enter text.

City, Province, Postal Code: Click here to enter text.

Telephone: Click here to enter text. Fax: Click here to enter text.

E-mail: Click here to enter text.

# EVENT DESCRIPTION

TYPE OF TRAINING: Click here to enter text.

DATE(S) OF TRAINING: Click here to enter a date.

 Click here to enter a date.

 Click here to enter a date.

 Click here to enter a date.

WHO WILL BE TRAINED? (Who will your target audience be?) Click here to enter text.

NUMBER OF PARTICIPANTS: Click here to enter text.

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

 Click here to enter text.

TRAINING CONTENT: Click here to enter text.

DESCRIBE 3 PARTICIPANT GOALS OR OUTCOMES INTENDED TO BE REACHED FROM THIS TRAINING EVENT: Click here to enter text.

WILL TRAINING BE AVAILABLE BY VIDEOCONFERENCE? (double-click desired box, click “checked” and then OK)

YES [ ]  NO [ ]

DESCRIBE HOW TRAINING ENHANCES SERVICES AND/OR BUILDS CAPACITY TO SUPPORT PERSONS WITH SPECIALIZED NEEDS: Click here to enter text.

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) Click here to enter text.

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: (double click on table to enter numbers)(click anywhere outside of table to return)

AMOUNT REQUESTED FROM SNSC AS PER ABOVE: Click here to enter text.

# For Office Use Only:

Date Received: Click here to enter text.

Received by: Click here to enter text.

Amount Awarded: Click here to enter text.

Date of Issue: Click here to enter a date.

Applicant Informed: Date: Click here to enter a date. Method: Choose an item.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE FORWARD YOUR APPLICATION TO ONE OF THE SNSC STAFF BELOW

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Woodstock, ON N4V 0B8

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_