

Healthy Child Manitoba
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 Winnipeg MB R3A 0E2
 Triple P Team: (204) 945-2481
 Triple P Fax: (204) 948-3790



Triple P Training Package
Group
May 7-9th, 2014
Winnipeg
Clarion Hotel
 (1445 Portage Ave, Winnipeg, MB)

TRAINING COURSE SCHEDULE

Day One Registration for Training	8:45 a.m.
Training Course commencement time	9:00 a.m. each day
Morning Break	10:30 – 10:50 a.m.
Lunch	12:30 – 1:15 p.m.
Afternoon Break	3:00 – 3:20 p.m.
Closure	4:30 p.m.

IMPORTANT THINGS TO NOTE REGARDING TRIPLE P REGISTRATION AND TRAINING

- **Training is a 2 step process** which includes both course participation & accreditation. All practitioners registered for training are expected to complete both steps in the process.
- Healthy Child Manitoba covers costs for training and Triple P resource materials upon completion of training. The agency and practitioners responsibility is to provide services to parents (in keeping with their agency mandate).
- If for any reason changes need to be made please notify Christine Jeannin (phone 945-2481 or email Christine.Jeannin@gov.mb.ca). We are not able to allow substitutions without notice.
- **Please provide emails for all staff attending training.**
- **Audit Spaces:** Please note there are 2 Audit spaces available for each Triple P training course. If you or your staff would like to Audit please inform us. Auditors do not have access to all training material or Triple resources following course completion.
- **Travel Subsidies:** Upon confirmation of registration, a travel subsidy will be made available to their organizations for those practitioners requesting accreditation/training. **Please note that travel subsidies must be requested prior to travel by our office, and the amount of the subsidy will be determined based on the number of accreditation/training days.** Subsidies will cover accommodation, travel and applicable meals only, within the specified terms and conditions, and up to a specified maximum amount. Please find attached the travel subsidy form for your completion and submission to our office if travel is required.



Group Triple P (Level 4)

TARGET PRACTITIONERS

Psychologists, family counsellors, social workers, parent educators, nurses, community mental health workers and other allied health professionals.

TARGET POPULATION

Parents wanting intensive training in positive parenting skills – typically parents of children with more severe behaviour problems.

GROUP TRIPLE P (Level 4) PROVIDER TRAINING COURSE (3 days training and 1/2 day accreditation)

Group Triple P is a generic parenting skills program for families with children up to 12 years of age. Practitioner training for delivery of group Triple P (5 x 2 hour sessions plus 3 x 20 minute telephone consultations) is recommended for psychologists, family counsellors, social workers, parent educators, nurses, and other allied health professionals who have the capacity to organise and deliver an active skills training program in group format to parents.

This 3 ½ day course (3 days training + 1/2 day accreditation) provides training in the delivery of behavioural family intervention in a group format and includes suggestions for managing group processes.

No pre-requisites apply.

On completion of this course, participants should have knowledge and skills in the following areas:

- Application of key parenting strategies to a broad range of target behaviours.
- Strategies for promoting generalisation and maintenance of behaviour change.
- Use of active skills training strategies in a group format.
- Group dynamics and common process issues.
- Telephone support consultations with parents.
- Identification of indicators suggesting more intensive intervention is required.
- Appropriate referral procedures.

TRIPLE P Group TRAINING
REGISTRATION FORM -
May 7-9th, 2014
Winnipeg
Clarion Hotel
(1445 Portage Ave, Winnipeg, MB)

Please print clearly

Name of Practitioner:		Job Title:	
Agency/Organization Name and Government Department (if applicable):			
Address:	Town/City:	Postal Code:	
Practitioner's E-Mail:	Practitioner's Phone:	Practitioner's Fax:	
Manager of Practitioner (above):		Manager's Signature:	
Manager's E-Mail:	Manager's Phone:	Manager's Fax:	
Dietary concerns:			

Please forward registration to:
 Christine Jeannin
 Healthy Child Manitoba Office
 332 Bannatyne Avenue, 3rd Floor
 Winnipeg, MB R3A 0E2

Fax to 204-948-3790
RSVP by April 25, 2014

CONSENT TO THE DISCLOSURE OF MY PERSONAL INFORMATION

A. ORGANIZATION/AGENCY MANAGER INFORMATION – please print

Manager:			
Training Participant:			
Agency/organization:			
Work Address:			
Manager's Work Phone:		FAX:	E-mail:

B. CONSENT TO DISCLOSURE OF MY PERSONAL INFORMATION

Why Healthy Child Manitoba Office needs to collect my personal information

1. I understand that the Healthy Child Manitoba Office needs to collect
 - (a) My contact information so that I will be able to authorize who will be attending the training and accreditation sessions for the Triple P Training Course(s); and
 - (b) I consent to this collection and this use.

Authority for Healthy Child Manitoba to collect my personal information

2. I understand that my contact information is being collected by the Healthy Child Manitoba Office under the authority of the clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act (FIPPA) and is protected by FIPPA.

Consent to disclosure by Healthy Child Manitoba Office

3. I understand that Healthy Child Manitoba Office needs to disclose my contact information to
 - (a) Agency/organization managers for the purpose of setting up a Triple P Manager's Network; and
 - (b) I consent to this disclosure.

I also understand that any other collection or use or disclosure of my personal information by Healthy Child Manitoba Office must be authorized under FIPPA.

Withdrawal of consent

I understand that I may withdraw my consent to the disclosure, indirect collection and use by Healthy Child Manitoba Office provided in this document at any time by contacting the Healthy Child Manitoba Office, but that if I do so, I will not be eligible to be the signing authority for staff participation in a Triple P Provider Course or be invited to collaborate with other managers of staff delivering Triple P.

Manager's Signature: _____ Date: _____