

Beebe Hall, Ithaca, New

Training of Trainers in Therapeutic Crisis Intervention [TCI TxT]

APPLICATION FOR 2017 TRAINING: EUROPE

INSTRUCTIONS: Please complete this entire application. Type your information into the fields below, print the application, sign it and mail it with your check payable to Cornell University to the address given on page 4 of this application.

Name	Title/Position				
Agency					
Address					
City	State	Zip Code	Country	Postal Code	
 Telephone	Fax	Email address (MANDATORY)			
Type of Agency (e.g., re	esidential care, hospital, ju	ıvenile justice, school, fost	er care)		
Supervisor/Director Na	ıme (Note: Supervisor/Dir	ector will receive a copy of	f the Applicant's Train	ing Results.)	
	mail Address (MANDATOR	NO.			

PRE-COURSE TRAINING AND REQUIREMENTS: Applicants to the Train-the-Trainer program must have completed a minimum of 28 hours TCI training at your organization. If you cannot meet this requirement, please contact tcieurope@cornell.edu.

TCI PHYSICAL TRAINING PARTICIPATION GUIDELINES

NOTE: Before signing this application, please review the guidelines for participating in physical activity in the box below and initial the category of activity below that best applies to you.

I attest that I am physically capable of sustained, intense exertion and have no physical disability or condition (e.g., recent surgery, back or knee problems, obesity, heart condition) that would prevent me from participating in the physical restraint techniques and exercises (such as dropping repeatedly to knees, supporting another adult's weight, twisting and turning maneuvers, intense physical exertion, etc.) required to complete the course entitled Train the Trainer in Therapeutic Crisis Intervention and all update programs. I understand that these activities are strenuous. I acknowledge and assume the risks associated with strenuous physical activities and any accident that may occur during my participation in such activities. I also understand that Cornell University and the Residential Child Care Project has no responsibility to make an independent assessment of my physical capability to participate in the Train the Trainer in Therapeutic Crisis Intervention course and all update courses. If I have any questions or reservations about my physical capability to participate, I attest that I have consulted my own physician and initialed the category of activity below that best applies to my ability.

Please choose which physical interventions your organization uses and you are requesting to participate in. NOTE: regardless of the physical activities you choose, all prevention, de-escalation, safety, and recovery material will be covered in the training.

No physical Protective Interventions

Standing restraint Seated restraint

Small child restraint Prone restraint

Supine restraint

I understand that in order to be certified as TCI trainer and to be permitted to offer TCI training, I must pass the certification requirements during the Training of Trainer course. Attendance alone does not qualify me as a TCI trainer and allow me to train TCI.

Participant's Signature Date

GUIDELINES FOR SAFE PARTICIPATION IN PHYSICAL RESTRAINT TRAINING

We want to reduce the risk of injury for participants during our training as well as set reasonable guidelines for trainers in their own agencies in order to reduce the risk of injury for staff members and children. We ask that you consider the following risk factors and participate in the TCI training according to your own level of physical fitness. You will need to calculate your Body Mass Index (BMI) in order to complete this assessment. You can use the following web site to estimate your BMI:

http://www.nhlbisupport.com/bmi/

No physical restraint training

If you have one of the following conditions, you should not participate in any physical activity that requires twisting and turning, maneuvering to the floor, or extreme exertion. You may participate in protective interventions and breaking up a fight if you and your physician determine that you are not putting yourself or others at undue risk. We reserve the right to request medical verification of your ability to participate in the category of physical activity you self-declare on the application.

Pregnant
Back or knee problems
Cardiopulmonary conditions
Recent surgery
Osteoarthritis
Osteoporosis
BMI over 35*

*If your BMI is over 35 and you wish to participate in the full physical restraint training, the following conditions should be met:

—You adhere to a regular fitness/work out routine

PLEASE READ THE FOLLOWING CAREFULLY PRIOR TO COMPLETING THIS APPLICATION

In order to respond more efficiently to increasing demands for training and technical assistance, the international make-up of the participants of the trainings, and the advice on the implenentation of BILD guidelines in the Therapeutic Crisis Intervention System, we are centralising our registration process. Please direct questions about TCI training and BILD guidelines to: tcieurope@cornell.edu

TCI Europe undertakes to maintain trainer data in secure conditions, and to process and disclose data only within the Data Protection Act 1998. Under the Act individuals have control of the disclosure of information about themselves.

All information provided by individuals is kept confidential and will not be released to any other party subject to the following exceptions

- i) where there is a legal obligation
- ii) where you have given express consent to disclose this information to Cornell administrative staff and TCI Instructors by signing this declaration

FIRST AID QUALIFICATION: All applicants must ensure that they are able to provide continuous first aid support for TCI courses where physical interventions are taught, either by holding a minimum of a one day certificate themselves or by arranging for such a person to be available for the duration of the whole course.

BEHAVIOURAL AUDITS: A place on a training course will only be offered to applicants from agencies who have completed, or do complete, a behavioural audit. This is required to ensure that the applicant receives the level of Physical Intervention training that is appropriate to their agency. The appropriate regional representative below will be able to advise you about this.

PRE COURSE TRAINING AND REQUIREMENTS: Applicants to the train the trainer programme must have completed a minimum of 28 hours TCI training as direct care worker if trained in physical interventions. Once accredited, all TCI trainers must attend annual re-certification updates. They must attend the two-day Post Crisis Response Update and two-day Designing Refresher Training before they can move to an annual one-day update.

2017 COURSE OFFERINGS: EUROPE

Please mark the training you wish to register for. NOTE: Strikethrough marks indicate program is FULL/CLOSED.

UNITED KINGDOW	IRELAND
3-7 July 2017Doncaster	22-26 May 2017Dublin
4-8 December 2017 Doncaster	9-13 October 2017 Dublin

Applicants must complete the attached declaration form before they attend any trainer training, which needs to be attached to their application form. The declaration form states how the applicant will or does meet the requirements for first aid support, training records, evaluation records, what injuries if any in the training, and what injuries if any from using particular interventions in practice.

TUITION/PAYMENT INFORMATION: Tuition includes admission to TCI training and training materials. It does not include participant travel, meals, or accommodation. Guaranteed space is given on a first-paid, first-served basis for those who meet First Aid and Behavioural Audit criteria. Tuition fees per person for 2017 are as follows: £1,650.00 in the United Kingdom and €1,950.00 Euros in Ireland.

CONFIRMATION: The RCCP will mail confirmation of your registration upon receipt of your application and cheque.

REFUND POLICY: There will be a service charge for all cancellations (£50.00 in the United Kingdom and €75.00 Euros). No refunds will be given with less than 30 days notice. Cancellation must be submitted in writing. Substitutions are permitted with 2 weeks advance notice.

ACCOMMODATION AND TRAVEL: Participants are responsible for making their own arrangements. We recommend that you do not make any travel arrangements until you have received written confirmation that you are registered for the training.

MAILING YOUR APPLICATION: A cheque or purchase order must accompany this application. Registration cannot be accepted by telephone. Wire transfers are acceptable ONLY if the correct form is complete and submitted with this application. If the form is incomplete or incorrect, this application will not be accepted. NOTE: Cornell University, as an American company, does not have a UK BACS account so therefore the only electronic payment that is acceptable is through bank wire transfers.

If you wish to pay via bank wire transfer, please email tcieurope@cornell.edu to obtain the proper wire transfer form and invoice reference.

Please mail your completed application and tuition cheque payable to Cornell University, to the following address:

TCI Europe P.O. Box 3959 Chesterfield S44 9AE England

Please feel free to email any questions to tcieurope@cornell.edu

_____(print name) can confirm that I a) have a current first aid certificate which is current until (date)______ OR b) Will/do ensure that first aid support is made available for the duration of all TCI training programmes that I deliver. Signature (print name) Post Agency name and address Can confirm that we will/do keep records of all of our organisation's direct care workers trained in TCI what they trained in (e.g., title of course, update) who trained each particular course their updates, results of assessment of knowledge, LSI and physical testing evaluation records of that training what injuries if any on that training what injuries if any from using particular interventions in practice all of our organisation's TCI trainers trained in TCI what they trained in (e.g., title of course, update) their updates the result of those updates Signed Date

DECLARATION TO MEET CERTIFICATION REQUIREMENTS