



RESIDENTIAL  
CHILD CARE PROJECT  
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h t t p : / / r c c p .

# Training of Trainers in Therapeutic Crisis Intervention

[TCI TxT]

APPLICATION FOR 2018 TRAINING: WESTERN CANADA

**INSTRUCTIONS:** Please complete this entire application. Type your information into the fields below, print the application, sign it and mail, fax, or email with payment. Cheques are payable to Oak Hill Foundation and sent to the address given on page 3 of this application.

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Name Title/Position

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Agency

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Address

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City	State	Zip Code	Country	Postal Code
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Telephone	Fax	Email address (MANDATORY)
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Type of Agency (e.g., residential care, hospital, juvenile justice, school, foster care)

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Supervisor/Director Name (Note: Supervisor/Director will receive a copy of the Applicant's Training Results.)

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Supervisor/Director Email address (MANDATORY)

**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 Anton Smith at [asmith@oakhillboysranch.ca](mailto:asmith@oakhillboysranch.ca), or Stacey Charchuk at [scharchuk@oakhillboysranch.ca](mailto:scharchuk@oakhillboysranch.ca).

## 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  
—Your blood pressure is within normal range (with or without medication)

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## 2018 COURSE OFFERINGS: WESTERN CANADA

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

March 12-16, 2018.....Edmonton, Alberta, Canada.

Venue:

Fantasyland Hotel  
17700 87th Avenue, NW  
Edmonton, AB T5T 4V4  
780-444-3000 phone

There are hotel rooms under a block booking for Oak Hill at a discounted rate.

TUITION/PAYMENT INFORMATION: \$2,550.00 CAD per person

REGISTRATION: Please Email your application to [ghinchey@oakhillboysranch.ca](mailto:ghinchey@oakhillboysranch.ca).

Checks should be mailed to:

Oak Hill Foundation  
P.O. Box 97  
Bon Accord, Alberta T0A 0K0  
Canada