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**CALM & CALM Care**

Virtual Train the Trainer (T4T) Course

Expression of Interest

**PARTICIPANT OPTIONS:**

* Attend 2-days for the CALM Care suicide awareness presentation T4T
* Attend 4-days for the CALM suicide intervention skills training T4T
* Attend 5-days for the combined CALM and CALM Care T4T

CALM is a one-day suicide intervention/prevention workshop that teaches four key actions: Connect, Ask, Listen, Monitor to build confidence, knowledge and skills. CALM Care is a half-day suicide awareness presentation that provides knowledge and skill around connecting, asking, referring and exiting the model. Full details of both programs can be viewed at this weblink: <https://www.suicideprograms.com.au/available-workshops>

The combined CALM/CALM Care T4T (Virtual Train the Trainer), is effectively delivered over a 5-day period, providing you with full accreditation to deliver both programs. Should you be seeking accreditation as a CALM Trainer only your attendance would be required on Day 1,2,3 & 5, and should you be seeking accreditation as CALM Care Trainer only, your attendance would be required on Day 4 & 5.

**Day 1 & 2** –The CALM suicide intervention/prevention workshop will be presented over two half days to give you a view of the workshop from a participant’s perspective and provide time for reflection and feedback. Delivering it over the two half days ensures we account for virtual fatigue and provide participants the time to consolidate their learnings.

**Day 3** – Each component of the CALM model will be explained and explored in full detail covering the evidence and practice theories that underpins and informs the model.

**Day 4** – The CALM Care half-day program will be delivered in its entirety to provide a comprehensive overview. The difference between programs, evidence and delivery will be outlined. The afternoon focuses on the organising, planning, preparation, and presentation of a CALM/CALM Care workshop.

**Day 5** – Each participant will have the opportunity to practice and present a section of the program to ensure they have understood the intent and delivery method of the CALM/CALM Care models as well as enabling them to gain confidence in their presentation styles.

Once you have completed your elected T4T and have been assessed as competent and so achieve accreditation, you then join the CALM family of trainers. A minimum of two workshops per year, per program, with a minimum of 9 participants at each workshop is required to retain your registration.

When delivering CALM, training 15 participants (minimum 9) the workshop may be presented by 1 trainer, however with 15-25 participants it is recommended that two trainers are present to provide additional support and enhance the learning experience of participants. 25 participants per workshop is the maximum for both the one day and half day program given the sensitive nature of this content.

Every training session is to be registered with Suicide Programs and all participant materials are to be purchased from Suicide Programs.

The T4T will provide you with all the resources required to market and facilitate the CALM and CALM Care workshops including all marketing materials, trainers’ manuals, PowerPoints, videos and role plays.

**How to Apply:**

Please complete and return the Expression of Interest and ID Information documents for consideration, and submit them to: admin@suicideprograms.com.au

**Please indicate your preference:**

1. I wish to attend the CALM Care T4T only (day 4&5) $1,250 + GST
2. I wish to attend the CALM T4T only (day 1,2,3&5) $2,500 + GST
3. I wish to attend the CALM and CALM Care T4T (5 days) $2,950 + GST
4. Attendance is requested by employer: YES/NO *or*
5. I wish to add CALM / CALM Care to the scope of my business: YES/NO

**2. Selection Criteria**

1. Your reason for submitting the expression of interest:
2. Your experience in facilitating or delivering training programs or running groups:
3. Your knowledge and experience in mental health/suicide prevention/intervention:
4. Describe how you are active in your community:
5. Which groups you are affiliated with, who you would connect with:
6. What geographical areas will you like to cover:

**3. Terms and conditions**

* Full attendance and active participation in the T4T from 9am-5pm (registration at 8:45am) on the nominated training dates.
* Delivering at least two (2), workshops per program to a minimum of nine (9) participants annually, the purchase of participant materials from Suicide Programs for each participant trained, and a completed a trainer’s report, End User Agreement and participants feedback forms for each training delivered.
* Trainer kits for the one-day program are purchased directly from Suicide Programs website at $36 per participant and the half-day at $15 (per participant).
* Sign a Training agreement at the successful completion of the T4T. *(A copy of this agreement can be supplied upon request prior to signing this application).*  Please note successful completion is at the discretion of the Directors of Suicide Programs. Should you be deemed as not yet competent, additional support, one on one coaching and or free attendance at a future T4T will be offered.

**PLEASE SIGN and DATE:**

I, …………………………………………………….. have read and agree to the Terms and Conditions.

Date: ………………..

**PLEASE NOTE:** This T4T (Train the Trainer) program has a booking limitation and applications will be processed and accepted on a first received basis.

**QUESTIONS:** Please call on me directly on (07)3077 6536 or 0433 121 999 or email: sandra@suicideprograms.com.au

WEBSITE: [www.suicideprograms.com.au](http://www.suicideprograms.com.au) EMAIL: admin@suicideprograms.com.au

PHONE: (07)3077 6536

\*\*Please see Information ID below to be completed and returned with your EOI Application



Please complete, sign, and submit the following details with your EOI

|  |  |  |  |
| --- | --- | --- | --- |
| First & Last Name | Training geographical are requested | Contact Number | Email address |
|  |  |  |  |
| Employer | Occupation |
|  |  |

 **Postal Address:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unit/Building | Street Number and Name | Suburb | State | Postcode |
|  |  |  |  |  |

 **Tax Invoice Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name for Tax Invoice | ABN | Name for person to receive invoice | Email address for the person to receive the invoice |
|  |  |  |  |

I am applying for accreditation as a Suicide Programs Accidental Counsellor Trainer

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_