



## Handle with Care PEI Division

### Registration Form: HWC Facilitator Training

Name: \_\_\_\_\_ Training Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Location of Training: \_\_\_\_\_

E-mail address: Work \_\_\_\_\_

Personal: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Name of agency you represent: \_\_\_\_\_

Your position or role: \_\_\_\_\_

Registration Fee: \$50.00 Paid: Yes. \_\_\_\_ No \_\_\_\_ Method: \_\_\_\_\_

Payment issued by: \_\_\_\_\_

Mailing address: (of payer) \_\_\_\_\_

Please sign below indicating your commitment to offering this program (8 sessions) to parents and /or other caregivers within 6 months of the training date above.

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

The purpose of this section is to better help HWC Trainers understand the skills and strengths you bring to facilitating the HWC program, as well as those skill areas that could be strengthened through training and follow-up mentoring.

**1. Knowledge of Child Development:**

Background in Early Childhood Education, Family Studies, Social Work; other;  
Please be specific and circle one or more that apply.

Relevant Education: Degree \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate \_\_\_\_\_

**2. How much working experience have you had working with children at different stages of development?**

Birth to 2 years \_\_\_\_\_ 3-6 years \_\_\_\_\_ 7 to 10 years \_\_\_\_\_

**MENTAL HEALTH**

- When you hear the words Mental Health, what do they mean to you?

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- What do you think of the emphasis currently placed on a person's social and emotional well-being or mental wellness? Why is it important? Or, is it?

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**FACILITATION EXPERIENCE**

- Have you had previous experience facilitating parent or other adult groups?

If so, what was the best part of it?

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- The most challenging part? \_\_\_\_\_

**COMMUNITY RESOURCES**

What are some of the strengths, agencies or social resources as well as the needs of the community where you live and/or work? \_\_\_\_\_

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