



# CORE TRAINING REGISTRATION FORM

July 9, 16, 23, and 30, 2019

All days are Tuesdays 8:30 AM – 4:30 PM

Continental Breakfast Each Day at 8:15

<b>Day One Tuesday, July 9</b>	<b>Day Two Tuesday, July 16</b>	<b>Day Three Tuesday, July 23</b>	<b>Day Four Tuesday, July 30</b>
<i>Human Development and the Impacts of Trauma</i>	<i>Multiculturalism</i>	<i>Ethics</i>	<i>Intentional Communication Parts A &amp; B</i>
<i>ACEs, Toxic Stress, and Trauma</i>	<i>LGBTQ</i>	<i>Boundaries</i>	<i>Conflict Transformation</i>
<i>Understanding Behavior in the Context of Trauma</i>	<i>Human Trafficking</i>	<i>Child Abuse, Neglect &amp; Mandatory Reporting</i>	<i>Emotional De-escalation and Crisis Intervention</i>
<i>Elements of Trauma and Resilience</i>	<i>Homelessness</i>	<i>Vulnerable Adult Abuse, Neglect, and Mandatory Reporting</i>	<i>Suicide Prevention</i>
<i>Trauma Responsive Care</i>	<i>Addiction</i>	<i>Domestic Violence</i>	<i>Self Care: Managing Stress; Avoiding Burnout, Compassion Fatigue, and Secondary Trauma</i>

**Participants should attend Day 1 of Training before attending Days 2, 3, & 4**

**Exact schedule subject to change**

**All sessions are held at Our Family Services Bellevue Campus - 3830 E Bellevue**

Name: \_\_\_\_\_

Agency:  OUR FAMILY  OTHER \_\_\_\_\_

Position: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Training Fee: \$295.00** (No fee for employees, volunteers, or interns of Our Family) Fee is non-refundable, however if unable to attend part of the training, person may make up missed sessions. If person unable to attend any of the training, paying agency may elect to send another person.

**Please mail form and payment to: Our Family Services, 2590 N. Alvernon Way, Tucson AZ 85712**

**AND email copy to Karen Largent: [klargent@ourfamilyservices.org](mailto:klargent@ourfamilyservices.org)**

**Registration for this series closes July 3, 2019**

### Supervisor Approval Required:

My signature authorizes the above named trainee to attend CORE Training on the dates indicated and authorizes appropriate billing from Our Family Services.

\_\_\_\_\_  
Supervisor Printed Name

\_\_\_\_\_  
Supervisor Signature

**One copy to Trainee, one copy to Supervisor  
Email, fax, or Inter-office one copy to Karen Largent at Our Family Services.  
Fax: (520) 323-9077 Email: [klargent@ourfamilyservices.org](mailto:klargent@ourfamilyservices.org)**