1/3/23 version ***Planning Form – Onsite Training***

We are delighted to work with you on setting up a training!

**This form serves as a written contract between Treatment Innovations and your organization.** If you have any additional contract or paperwork, please send that to us.

Please **email this form to training@treatment-innovations.org** **at least 6 weeks prior to the training** or the training is not guaranteed. We’ll put you in touch with the trainer after this Planning Form is reviewed.

**The trainer won’t book travel until this form is returned, so please send it asap. But if you can’t fill it all out at once, send just sections A, B & D (schedule, travel, and financials) for now and the trainer can book travel based on those.**

**A. Schedule and Content**

1. **Training Date(s)** \_\_\_\_\_\_\_ **Start and End Time(s)** \_\_\_\_\_\_\_  **Your time zone** \_\_\_\_\_\_\_ **Number of attendees**? \_\_\_\_\_\_.

*Note: a 1-day training is 6 hours of teaching time, typically 9a-4p (this includes a half hour lunch and two 15-minute breaks, one mid-morning and one mid-afternoon). You can adjust the start / end time and length of breaks.*

List details about breaks here (and/or let the trainer know directly when you speak): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. **Timed agenda and objectives** can be downloaded from our [training topics page](https://www.treatment-innovations.org/many-topics-we-train-on.html). Please use one of the titles listed; if you prefer a different title, email us to confirm it.

3. **Handouts (required).** Please be sure to provide the handouts (or links to them) to your attendees in advance as the training exercises require them. You can download them from our [training handouts page](https://www.treatment-innovations.org/trg-handouts.html) (select the relevant ones for your training). Initial here to confirm \_\_\_\_\_.

*Notes:*

*(a) Our PowerPoint slides aren’t available for distribution; the handouts provide all that’s needed for the training.*

*(b) To conduct any of our models, all providers need their own book, per the publisher’s* [*copyright requirements*](https://www.treatment-innovations.org/faq-materials.html)*. However, attendees do not need a book at the training.\**

*\*Exception: if your entity bills the Los Angeles County Dept. of Mental Health for Seeking Safety services, the County requires each provider to have the book during the training, so it would need to be* [*ordered ahead*](https://www.treatment-innovations.org/books.html)*.*

4. **Speaker bio** (optional): see the [trainer information](https://www.treatment-innovations.org/about-us.html) on our website.

5. **No recording is allowed** of any training provided by us,in any format (video, audio, etc.). Please initial to confirm this:  \_\_\_\_ .

*A professionally-produced set of* [*Seeking Safety training videos*](https://www.treatment-innovations.org/store/p298/Set_of_all_4_Seeking_Safety_Training_DVDs_%284.5_hours_total%29.html) *is available, if desired.*

7. **Certificates for continuing education (CE) and/or attendance** are available for a fee. See our [certificate information page](https://www.treatment-innovations.org/all-ceu-info.html) including types, costs, and procedures. Initial here \_\_\_ if you’re potentially interested and we’ll follow up after the training. You can, if preferred, create CE or attendance certificates yourself.

8. **Conference?** If the training is part of a conference, list the registration website or contact person here and we’ll post it on our website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**B. Travel Details**

1. **Hotel**

a. Hotel name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hotel address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Will you make the hotel reservation?\* \_\_\_ Yes  \_\_\_ No If *yes*, list confirmation number \_\_\_\_\_\_ and dates booked \_\_\_\_\_

c. If you are paying for the hotel, initial here: \_\_\_\_ (otherwise the trainer will pay and submit for reimbursement)

*Note: please book a refundable hotel in case of cancelation.*

2. **Training Location**

Will the training be at the hotel above? \_\_\_ Yes \_\_\_ No If *no*, list training address and directions (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_.

3. **Air or other transportation to your location**

The trainer can’t book transportation until this section is returned. Fares tend to go up, so please send asap.

a. Is air travel involved? \_\_\_ Yes \_\_\_ No If *no,* list transportation type (e.g., train, driving) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. For air or train:

* List the airport or train station to arrive to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Can the trainer book the ticket?\* (This is preferred) \_\_\_ Yes \_\_\_ No. If you need it booked by a specific date, list it here: \_\_\_\_\_\_\_. If you plan to book the ticket, please provide details: \_\_\_\_\_\_\_\_\_\_\_.
* Airline bag fee is relevant if the trip is 5 days or more including travel days and onsite days; please confirm if ok to charge:

\_\_\_ not applicable (trip is 4 days or fewer) \_\_\_ yes \_\_\_ no \_\_\_.

*\*Note: If the trainer books transportation, it’s the lowest coach rate with the fewest connections and no “red-eye” overnight trip.*

c. Driving to your location (mileage / tolls / parking)

* Mileage: if the trainer drives to your training location we typically use the 2023 IRS mileage rate of 65.5 cents per mile; please confirm that rate \_\_ or if you have a different rate, list here: \_\_\_\_\_\_\_\_\_\_\_.
* Trainer will also bill for tolls / parking. If any specifics, such as where to park, list here: \_\_\_\_\_\_\_\_\_\_\_.

4. **Ground transport (taxi / shuttle / Uber / Lyft / car)**

If the trainer is arriving by air or train, also fill in the below. (Or if no air or train, mark here: \_\_\_\_).

a. In trainer’s home city. This is required for the trainer to get to/from the airport or train station. The trainer uses whatever method is best as they know their home city (but will not use a car rental). Or if you have specific requirements list here: \_\_\_\_\_\_\_\_\_\_\_.

*Note: If trainer uses a personal car, the 2023 IRS mileage rate of 65.5 cents per mile is billed (plus tolls and parking) unless you list other specifications above.*

b. In your location.Mark the types of ground transport the trainer can use (as many as possible):

\_\_ Uber / Lyft \_\_ taxi \_\_ shuttle \_\_ car rental plus gas, tolls, parking. Or if you’ll provide transport, list details including the name and cell number of who will pick up the trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5. **Meals / per diem**. Mark if you prefer \_\_\_\_ a per diem rate\* or \_\_\_\_ want receipts submitted.

Please specify any details here (e.g., your per diem rate; and/or maximum for breakfast, lunch, dinner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Notes re per diem:*

* *If you mark per diem, unless you specify a different rate above, we’ll bill $65 per diem per full day onsite and $55 per travel-only day (comparable to standard per diems).*
* *But the trainer will reduce the per diem for any meals provided by you.*
* *For partial travel days the trainer will use a partial per diem; e.g., if arriving the evening before a training and it’s a short flight they would bill dinner only for that travel day. We assume this breakdown for the travel day in such cases: breakfast $10, lunch $15, dinner $30.*

6. **Person to contact** in case of emergency or travel delay: Name \_\_\_\_ Cell phone \_\_\_\_ Hours available, if known \_\_\_\_

*Note: the trainer will try to reach the person above for any urgent issue. If the person is not reachable and there’s a time sensitivie situation, and no other instructions are provided, the trainer will make the best decision available (e.g., booking the next flight), which may increase travel costs. Please try to provide the name / cell phone of someone available after hours.*

7. **Any other travel information?** List here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**C. Financial Information**

1. **The** **speaker fee** for the training will be per our most recent communication on the rate; initial here to indicate your agreement on this \_\_\_\_\_\_\_\_. If you’re unclear on the rate, [email](mailto:training@treatment-innovations.org) for written confirmation.

2. **Please do not discuss fees, contracts, invoicing, or any other financial details with the trainer.** The trainer is hired by

us and is not privy to these details nor at liberty to make financial commitments on our behalf. Initial here to confirm: \_\_\_\_.

3. **Cancellation:**

a. If you cancel the trainingless than three weeks prior to the scheduled date typically incurs a cancellation fee of $100 due to the time, effort, and inability to rebook that date (but this is not a requirement). Is this acceptable? ☐ Yes   ☐ No

b. If you cancel the training after the trainer has booked air travel or any other nonrefundable travel, we’ll need to bill you for it but you can try to reuse it if the airline or other entity allows that. Initial here to confirm this: \_\_\_\_\_.

4. **Charging attendees** is only allowed with prior written approval by us. Most entities train just their internal staff and don’t charge anyone to attend. But we can negotiate a written agreement in advance if needed (and at least 6 weeks prior to the training).

Please initial **one** below:

a. \_\_\_\_\_ This training is only for internal staff; no one will be charged; and the training will not be advertised or posted publicly.

**OR**

b. \_\_\_\_\_ I already have a written agreement with Treatment Innovations for charging individuals and/or other entities to attend the training. *If you mark this, please forward the written agreement or give specifics here: \_\_\_\_\_\_\_\_\_\_\_\_\_.*

**OR**

c. \_\_\_\_\_ I would like to negotiate a written agreement with Treatment Innovations to charge individuals and/or other entities to attend the training and agree the training isn’t confirmed until an agreement is in place.

5. **Invoicing:**

a. We invoice within 6 weeks of the training date; and for phone consultations, at the end of the project. If a different deadline is needed list that here (but for phone consultation, not more often than quarterly please): \_\_\_\_\_.

b. If you have a specific travel reimbursement form or other paperwork, mark here \_\_\_\_\_, and send it to the trainer and cc me.

c. If you plan to pay electronically (ACH or wire, i.e., not a physical check), mark here and we’ll send instructions: \_\_\_\_.

d. Possible bank fee: there’s no charge for ACH but for a wire or a foreign check drawn on a non-U.S. bank, we’ll need to bill you our bank’s $30 fee for this. Mark here if this fee applies to you \_\_\_\_ or doesn’t apply \_\_\_\_ or you’re unsure if it applies \_\_\_\_.

e. Our IRS tax ID is 04-3436285 (EIN). You can download our completed W9 form from our website [vendor information](https://www.treatment-innovations.org/vendor-information.html).

**D. Audiovisual (AV) Equipment**

Below is the typical AV list; your trainer will also be in touch with you prior to the training to verify A/V needs directly.

* LCD projector is **essential.**
* Audio (sound) setup for video clips and DVDs. This is **essential** unless the training is 1 hour or less. The trainer can play them from a laptop linked to an LCD, but you’d still need a way to project sound loud enough for the entire audience to hear.
* Microphone is **essential** unless it’s a small room and a small group. The type of microphone is up to you (handheld or lavalier). For a very large audience, it helps to have an extra handheld microphone that can be passed to audience members for questions during the training.
* Extra computer: the trainer will bring a computer but it’s good to have your own computer too in case of technical problems.
* Be sure to test all AV equipment in advance. This includes testing that your sound system is loud enough for the entire room. The trainer doesn’t bring technical equipment and isn’t able to solve audio problems onsite.

Please initial to confirm that you’re handling all of the above \_\_\_ and for any additional AV details, list here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**E. After the Training**

1. **We welcome your feedback**. You can:

* Provide confidential feedback via our online [training feedback form](https://forms.gle/z81X5ABAuJBQRNAd7).
* Contact Jamie Miller, training coordinator, at [coordinator@treatment-innovations.org](mailto:coordinator@treatment-innovations.org) or 617-299-1610 (text or call).

2. **Various further training options are available to support your staff**, including:

* Zoom consultation [theme-based calls](https://www.treatment-innovations.org/tbcs--consults.html)
* Fidelity and/or supervisor [certification](https://www.treatment-innovations.org/certs.html)
* [Advanced training](https://www.treatment-innovations.org/many-topics-we-train-on.html)

See our training topics page for ideas. Email [training@treatment-innovations.org](mailto:training@treatment-innovations.org) if you’d like additional information.

3. **See our** [book information page](https://www.treatment-innovations.org/books.html) if your staff plans to implement any of our models (they would each need a book, which is

available as paperback or ebook).

**Thanks!**