**Training Request Form**

We value high-quality training and want to meet your needs.

This is an initial inquiry form (it does not obligate you). Please provide as much detail as possible. We’ll get back to you with options.

See also our website [Training Information page](https://www.treatment-innovations.org/fact-sheet-on-training.html).

**Contact information**

Your name: Email: Phone:

Agency name: Address:

*Information about your agency, such as populations you serve:*

**What type of training would you like?**

a) **Content or goal:**

*E.g., one of our four models (Seeking Safety, Finding Your Best Self, Creating Change, A Woman’s Path to Recovery) or other topics, such as trauma-informed care; Seeking Safety advanced training or fidelity or supervisor training; phone consultation; research guidance.* See our website [topics page](https://www.treatment-innovations.org/many-topics-we-train-on.html) for ideas.

b) **Special focus**, if any(criminal justice, gender-based, adolescent, advanced, etc.)*:*

c) **Length**, if applicable(1, 1.5, or 2 days are typical, but it can be any length):

d) **Virtual** [ ]  **or onsite** [ ]  If onsite, list city/state:

e) **How many attendees**? \_\_\_\_\_

Anything else you’d like to share about the audience, such as prior experience with Seeking Safety or other models? *Note: attendees do not need a license or any specific degree or experience.*

f) **Timing**(dates you’d prefer, days of the week, etc.):

We are flexible and do not need a lot of lead time.

g) **Is it acceptable for one of Dr. Najavits’ associates to conduct the training**?Yes [ ]  No [ ]  Unsure[ ]

*Before finalizing a trainer, we will send you the trainer’s resume to verify that the person is a good fit for you.*

If you prefer Lisa, please be aware the cost is more than double an associate’s rate (see next section).Do you want us to email you Lisa’s rate?Yes [ ]  No [ ]

**Is there a specific trainer you’d like? List the name here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

h) **Please confirm if our standard rates below are acceptable (these are for an associate to conduct the training):**

Yes [ ]  No [ ]  *If no, please suggest what fee you propose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

* For a regular training, $3000/day speaker fee, plus travel costs if applicable. For a length less than one day, please let us know the length and we will suggest a rate: \_\_\_\_\_\_\_\_\_\_\_\_\_.
* For hourly phone/zoom consultation, $190/hour.
* For certification rates, see our [certification page](https://www.treatment-innovations.org/certs.html).
* For information travel costs, see our [Planning Form](https://www.treatment-innovations.org/uploads/2/5/5/5/25555853/1-3-23_pf_travel_planning_form.docx).

i) **Check one box below to indicate your arrangement.**

[ ]  This will be a closed training (only employees of my agency will attend). This means it cannot be advertised outside of my agency and no one will be charged to attend.

[ ]  My agency already has a written agreement with Treatment Innovations for charging individuals and/or other entities to attend the training. If so, please email that written agreement with this form.

[ ]  My agency would like to negotiate a written agreement with Treatment Innovations to charge individuals and/or other entities to attend the training, and agrees the training is not confirmed until such an agreement is in place (at least 6 weeks prior to the training). Please list:

 a. How many people would be charged to attend?

b. How much would you charge per person?

 c. How many people would not be charged to attend (e.g., your own staff)?

j) **Are you potentially interested in** [**phone/zoom consultation**](https://www.treatment-innovations.org/tbcs--consults.html) **after the training**? These provide support to counselors once they are implementing a model.Yes [ ]  No [ ]

k) **Are you potentially interested in** [**certification**](https://www.treatment-innovations.org/certs.html) **after the training**? Yes [ ]  No [ ]

l) **Anything else you’d like to add?**

**Please email this form** to training@treatment-innovations.org

Questions? We reply quickest by email; you can also call 617-299-1640.

We’ll get back to you soon. Thanks!