**1/19**

**Training Request Form #1- Onsite Training**

The information below helps us identify how best to meet your training needs. But you are not obligated in any way—this is just a preliminary form, after which we will get back to you with some options that you can choose to pursue or not. Please type as much detail as you like for each question. Thanks.

**This form #1 is for onsite training (or webinar), either alone or in addition to phone consultation. If you would like phone consultation alone, please fill out Form #2 below.**

**What type of training would you like (as best as you know at this point):**

a) *Content* (Seeking Safety, trauma-informed care, etc.).

b) *Length* (1 day? 1.5 day? 2 days? some other length? plenary plus workshop(s)?)

c) *Possible timeframe* (range of dates you would like the training to happen? any preferred days of week, etc. Note that no specific lead-time is needed—we can provide a training for almost any timeframe)

d) *Special focus?* (e.g., criminal justice, gender-based, adolescent, advanced training)

e) *Number likely to attend the training* (there is no limit on the number):

f) *In which city or town would the training be held (city or town)?*  \_\_\_\_\_\_ Which *airport would the trainer would fly into? \_\_\_\_\_\_\_*

g) *Is it acceptable to have one of Lisa Najavits’ associates conduct the training? yes / no**/ unsure*

 ***If there is a specific trainer you would like to request****, list the name here: \_\_\_\_\_\_\_\_.*

*Note:* Before finalizing any trainer, we would send you the associate’s CV for you to verify that the associate is acceptable to you.) *If you prefer to have Lisa do it (at a higher cost, i.e., more than double the associate’s rate)?*

 ***If no or unsure****, we can email you information on the cost for Lisa to conduct the training (but please note it is more than double the associate’s rate).*

h) *Would you* *like to consider having phone consultations in addition to the training? Yes / No*

 Phone consultations are done after a training to provide support to clinicians once they are implementing a model, for providing certification or fidelity ratings, for research advice, etc. (Please see section 5 above for more information on these various options.)

 **Note** that you can indicate possible interest in phone consultation here, but you are not obligated to have them—you can first do the training, and then afterwards decide to have the phone consults or not. We typically have the trainer provide the phone consults, but you can also switch to someone else if desired. Thus, below is a general idea, but after the actual training you can make specific plans as desired.

*If "yes" (you are considering having phone consultations in addition to a regular training), please describe below:*

*--Purpose(s), e.g., certifying clinicians in Seeking Safety, certifying a staff member to do Fidelity Ratings, certifying a staff member as a Seeking Safety supervisor, research guidance, etc. Note that all three types of certification are typically done by telephone after a standard one-day or other length Seeking Safety training. For more information on certification please see:* <https://www.treatment-innovations.org/certs.html>

*--Other details (possible number, frequency, etc.).*

i) *Please confirm if our standard rates for an associate to conduct the training are acceptable: $2650/day (if in 2019) for onsite day plus travel for onsite training. This rate can be prorated for ½ days (divide the day rate by half, then add travel); and for webinars is 75% of the regular rate; phone consultation is $159/hour (2019 rate).*

***Yes / no***  *If no, please suggest what you would like to propose for fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

j)  *Please check just one box below to indicate your arrangement (see Part 4 of Fact Sheet on Training):*

 *1, My entity, \_\_\_\_\_\_ agrees this will be a closed training (i.e., only employees of my agency will attend). This means it cannot be advertised outside of my agency and also no one will be charged to attend.*

*OR*

 *2. My entity, \_\_\_\_\_\_ already has a written agreement in place with Treatment Innovations regarding terms negotiated for charging individuals and/or other entities to attend the training. If yes, please email that written agreement with this form.*

*OR*

 *3. My entity, \_\_\_\_\_, would like to negotiate a written agreement with Treatment Innovations regarding terms negotiated for charging individuals and/or other entities to attend the training and agrees that the training in not confirmed until such an agreement is in place (which must occur at least 6 weeks prior to the training).*

*OR*

 *4. My entity, \_\_\_\_\_, is interested in potentially co-hosting a training with Treatment Innovations. Please email info@treatment-innovations.org for more on how we partner with an agency—it really works well!*

k) *Any other details?* (about your agency, training needs, etc.)

**2. Contact information**

Your name: Your email address: Your phone: Your agency:

**3. Send the form to us:** email it to training@treatment-innovations.org or fax it to 617-701-1295

Questions? Email us or call 617-299-1670; email is preferred when possible.

Thanks for filling this out. We will get back to you very soon—typically within less than a week.

**Training Request Form #2- Phone Consultation Only**

The information below helps us identify how best to meet your needs. But you are not obligated in any way—this is just a preliminary form, after which we will get back to you with some options that you can choose to pursue or not. Please type as much detail as you like for each question. Thanks.

**This Form #3 is for phone consultation alone. If you would like onsite training (either alone or in combination with phone consultation), please fill out Form #1 above.**

Phone consultations are done after a training to provide support to clinicians once they are implementing a model, for providing certification or fidelity ratings, for research advice, etc. (Please see section 5 above for more information on these various options.)

**Note** that you can indicate possible interest in phone consultation here, and talk with us to determine what number or combination of phone consultations may be most helpful to your goals. Thus, below is a general idea.

**What type of phone consultation would you like (as best as you know at this point):**

*a) Purpose(s), e.g., certifying clinicians in Seeking Safety, training a staff member to do Fidelity Ratings, supervisor training, research guidance, etc.:*

*b) Other details (e.g., possible number, frequency).*

c) *Possible timeframe* (range of dates you would like the phone consultation to happen? any preferred days of week, etc. Note that no specific lead-time is needed—we can provide a training for almost any timeframe)

d) *Special focus?* (e.g., criminal justice, gender-based, adolescent)

e) *Number likely to attend the phone consults* (*Note: we do not charge for travel nor preparation time- just for time delivering the training. Also,* there is no limit on the number):  *who can attend the training.*

f) *Is it acceptable to have one of Lisa Najavits’ trainers conduct the phone consults? yes / no / unsure*

 ***If there is a specific trainer you would like to request****, list the name here: \_\_\_\_\_\_\_\_.*

*Note:* Before finalizing any trainer, we would send you the person’s CV for you to verify that the person is acceptable to you.)

 ***If no or unsure****, we can email you information on the cost for Lisa to conduct the training (but please note it is more than double the associate’s rate).*

g) *Please confirm if our standard rates for an associate to conduct the training are acceptable ($159/hour if 2019) for phone consultation. If not, please advise what you would like to propose for fees.*

h) *Please confirm that the phone consultations are for within your agency only (that you are not planning to charge anyone to attend, nor opening up the phone consultations to people outside of your agency): yes / no / unsure*

i) *Any other details that you think may be helpful to list?* (about your agency, training needs, etc.):

**Your contact information**

Your name: Your email address:

Your phone: Your agency:

**Send the form to us:** email it to training@treatment-innovations.org or fax it to 617-701-1295

Questions? Email us or call 617-299-1670; email is preferred when possible. If you prefer to speak by phone, please email that address and indicate times and days you are available for a phone discussion.

 Thanks for filling this out. We will get back to you very soon—typically within less than a week.