*5/26/22*

We are delighted to work with you on a training! Please fill this out or send it to anyone in your agency who handles these details.

Please answer each question below (type “n/a” if not applicable) and **e-mail it to training@seekingsafety.org** **at least 4 weeks prior to the training** or the training is not guaranteed.

**Our Contact Information**

✧ training@treatment-innovations.org (this gets the quickest response) or(617) 299-1640

✧ Address for hard copy paperwork, etc.: *Treatment Innovations, 28 Westbourne Rd., Newton Centre, MA 02459.*

✧Web: [www.treatment-innovations.org](http://www.treatment-innovations.org) and[www.seekingsafety.org](http://www.seekingsafety.org)

This form serves as a written contract between Treatment Innovations and your organization. If your agency has an additional contract or other paperwork, please send that to us.

**This Planning Form is needed at least 4 weeks before the training)**

**A. TRAINING INFORMATION**

1. Date(s) of the Training \_\_\_\_\_\_\_

2. Start and End Time(s) \_\_\_\_\_\_\_ **Be sure to list your time zone.** The typical training is 9a-4p but there is flexibility on start/end timing. On the day of the training you can let the trainer know your preferred lunch, morning, and afternoon break times.

3. Conference? If the training is part of a conference, list the conference website here and we will list it on our website:\_\_\_\_\_\_\_.

**B. FINANCIAL INFORMATION**

***Please do not discuss fees with the trainer nor send any contract to the trainer.*** Our system is centralized and the

trainer is hired by Treatment Innovations

1. The speaker fee for the webinar training will be per our most recent communication on the rate; initial here to indicate your agreement on this \_\_\_\_\_\_\_\_ (if you are unclear on the rate, email us for written confirmation).

2. We can provide CEUs if desired. See our [information on CEUs](https://www.treatment-innovations.org/all-ceu-info.html), including types and costs. Initial here if you’d like us to provide them and we will follow up after the training \_\_\_\_. *Please note that we use the automated Zoom attendance report, which is only available for up to 30 days after the training. If you’d like CEUs, be sure to let us know within that timeframe.*

**C. WEBINAR PLATFORM**

1. We use our Zoom account to ensure all features the trainer needs are available to them; please confirm this is ok: \_\_\_. If not (your organization needs to provide the conference platform) check here \_\_\_ and we will follow up via email.

2. Regardless of who provides the webinar platform, it’s best to schedule a trial run of the platform with the trainer ahead of time to ensure that it works. This is to help promote a smooth process. Please initial here to confirm \_\_\_.

3. How many people will be attending? \_\_\_\_\_\_\_. If it is being done on our Zoom, there is a limit on the number for break-out rooms, so please be accurate in the maximum number you list.

4. If we are providing the platform we will send you the Zoom registration link at least two weeks before the training date. If you need the link by an earlier date, please specify the date: \_\_\_\_\_.

5. If you want us to send you the Zoom attendance report after the training (at no cost), check here \_\_\_.

6. If you want us to create attendance certificates for your attendees, there is a total $100 charge for that (regardless of the number of attendees); initial here \_\_\_ to request that, and we will email you after the training to make that happen.

7. No recording is allowed of any training provided by us, including webinars,using any format (video, audio, etc.). Please initial here to confirm this:  \_\_\_\_

*If desired, a professionally-produced set of training* [*Seeking Safety training videos*](http://www.treatment-innovations.org/store/p53/Set_of_all_4_Seeking_Safety_Training_DVDs_%284.5_hours%29.html) *are available and there is also a* [*Teaching Guide*](http://www.treatment-innovations.org/store/p35/Teaching_Guide_to_Introduce_Seeking_Safety_to_Your_Agency.html) *to accompany those if desired.*

**D. AGREEMENT ON CHARGING ATTENDEES**

Most entities host a training on a non-profit basis to train their internal staff only and do not charge anyone to attend. If you want to charge anyone or have outside attendees who do not work at your agency you need to negotiate a written agreement in advance with Treatment Innovations regarding the terms of such a training. Please check **one** box below:

1. \_\_\_\_\_ My entity is having this training only for internal staff; no one will be charged; and the training will not be advertised or posted publicly.

**OR**

2. \_\_\_\_\_ My entity already has a written agreement with Treatment Innovations regarding terms for charging individuals and/or other entities to attend the training. *If you check this off, please forward the written agreement or give specifics here: \_\_\_\_\_\_\_\_\_\_\_\_\_.*

**OR**

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

**E. CANCELLATION**

If you cancel the training less than three weeks prior to the scheduled date we would appreciate a basic cancellation speaker 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

**F. BOOKS**

1. To conduct Seeking Safety each counselor needs one book (they can't be shared, per the publisher, who owns the copyright). However the book is not required for the training day as handouts can be used instead. See our [information about the Seeking Safety book](https://www.treatment-innovations.org/books.html), which includes formats (paperback and e-book), etc. See also the [translations](https://www.treatment-innovations.org/ss-translations.html) available.

2. If you choose to provide all attendees with the book for the training, a shorter version of the handouts can be used for the training. If you plan to do this, please mark that here:  \_\_\_. If only some attendees will have the book, please ensure that everyone has the handouts as the trainer will then refer to those during the training.

Note: if your entity is billing the Los Angeles County Dept. of Mental Health for Seeking Safety services, the County requires each provider to have the book with them during the training, so it would need to be ordered ahead.

**G. HANDOUTS / OBJECTIVES / CEUS**

1. ☐  Handouts (**essential**). The specific [handouts](https://www.treatment-innovations.org/trg-handouts.html) will depend on the length of the training and whether or not attendees have the book or not. Be sure to provide the handouts (or links to them) to your attendees in advance as the training exercises require them to use the some handouts.

 As mentioned above, the Seeking Safety book is not required at the training; the handouts are sufficient. However if you provide the book to all attendees, you can use a shorter version of the handouts.

 Note: for a webinar, our PowerPoint slides are not available for distribution. Our handouts provide all that is needed (key content and material for the training exercises).

2. ☐   Training title, agenda, objectives (optional). These can be [downloaded](https://www.treatment-innovations.org/many-topics-we-train-on.html). Please use one of the titles listed; if you want to use some other title, just email us to confirm it.

3. ☐   Speaker resume / bio (optional). See [About Us](https://www.treatment-innovations.org/about-us.html) on our website (click the trainer’s name for the resume; the bio can be copied as well).

4. ☐   CEUs and/or certificates of attendance (optional). Please see [options](https://www.treatment-innovations.org/ceu-info.html) on our website.

**H. INVOICING**

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

2. If you plan to pay electronicallly (not a physical check), mark here and we will send instructions: \_\_\_\_.

3. If you will be sending a check drawn on a non-U.S. bank, or sending a wire, we need to bill you the bank’s $30 fee for this. Note: an ACH does not incur this cost. Mark here to confirm if this fee applies to you \_\_\_\_ or does not apply \_\_\_\_ or you are unsure if it applies \_\_\_\_.

 Note: Treatment Innovations’ tax ID is 04-3436285. This is an IRS tax ID for business (EIN). You can download our our completed W9 form from the [vendor information](https://www.treatment-innovations.org/vendor-information.html) on our website.

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**I. AFTER THE TRAINING**

We welcome your feedback. You can provide confidential feedback via our [Training Feedback Form (google form)](https://forms.gle/P8L4t5LWA6jBmy9J9) or you can contact Jamie Miller, our training coordinator at coordinator@treatment-innovations.org or 617-299-1610 [text or call]. If you would like to schedule any future training please contact training@treatment-innovations.org.