



Non-Violent Crisis Intervention®: Training for TVI members

Name of Organization:		
Name of Person completing application:		
Email:	Phone:	
How many participants in the training:	How many participants are considered frontline staff*:	How many participants are management:

*Frontline staff: Any individual who works directly with customers, clients, or other recipients of service regularly/routinely.

Type of service provided (**select** check all the apply)

Food security		Mental health services		Property management		Housing Services	
Counseling services		Addiction services		Child/Youth Education		Fitness & recreation	
Support services		Health care services		Adult/Post-Secondary Education		Business/commerce	
Retail services		Administrative		Outreach services		Family Servies	
Child/Youth services		Online/telephone services		Persons with Disability services		Other:	

Section 2. What are the main reasons for taking this training (**select** all that apply):

Employment requirement		Increase Confidence		General Interest/opportunity	
Reduce Critical Incidences rates		Re-certification		Other:	
Prevent Critical Incidences		Accreditation/licensing requirement			

Section 3. Which training do you want your employees to certify in:

Non-Violent Crisis Intervention®:	<input type="checkbox"/> Verbal Intervention Training (de escalation)
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Section 4. Class type and setting:

<p>Blended: Classroom & Online Module This is a blended course that requires approx. 2 hours online work and 6-8 hrs in person training. The online portion will be sent out about 3 weeks prior to the in person training date and will need to be completed before arriving for the in person training.</p>
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Section 5. What are your organizations policies on Holds & Restrictive Practices (please attach relevant documents):

Does your organization have space that TVI could utilize for training opportunities (approx. 35 people)? Yes No

Classroom space for training provided: Yes <input type="checkbox"/> No <input type="checkbox"/> Equipment provided: <input type="checkbox"/> Projector <input type="checkbox"/> Projector screen <input type="checkbox"/> TV with Bluetooth connectivity <input type="checkbox"/> Tables <input type="checkbox"/> Chairs	Please describe the training space you are able to provide: (size, location, privacy, washrooms, kitchen)
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Section 6. Registration of training participants

(Once you have registered your employees your organization will receive an invoice. The invoice will need to be paid at least 3 weeks prior to the date of training and is non-refundable. The cost is \$99.00 per employee registration) :

Employee name:	Occupation: (specify if manager)	Email:	Date and Type of Training:	Is this a recertification?

Lunch, snacks and drinks provided.

Dietary concern for lunch:



Section 7. Workplace Relevancy:

Please describe **at least one** example(s) of circumstances, situations or incidences where Non-Violent Crisis Intervention® training or principles either was or could have been useful. Do not include names, dates or identifying information. *Information provided here may be used for training purposes in the course.*

Incident Type:	General description:

Section 9. Best Practices: Commitment from Organization Leadership

Our organization agrees to follow best practices of Non-Violent Crisis Intervention® by:	
Providing employees opportunities to practice the skills and techniques they learned in NVCPI at least once before their next recertification.	
Ensuring that employees who may have been required to use the skills and techniques they learned in NVCPI are properly debriefed.	

Authorized Signature:	Date:
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