*The Neurosequential Model in Caregiving*

Facilitator Training Program Application

Please complete and return to Amy Meyertholen (amy@azcouncil.com). Amy can answer any questions you might have about the application or program expectations (602.252.9363).

[ ]  I have reviewed the Facilitator Training Program Information Sheet, understand the expectations, and have contacted Amy Meyertholen with any questions.

**Applicant Information**

Applicant Name Click or tap here to enter text.

Applicant Address Click or tap here to enter text.

Applicant Phone Number Click or tap here to enter text.

Applicant Email Address Click or tap here to enter text.

**Please briefly describe your**:

Educational Background Click or tap here to enter text.

Professional Experience Click or tap here to enter text.

Training/Teaching Background Click or tap here to enter text.

**Please answer the following questions:**

1. Have you watched at least six (6) *Neurosequential Model in Caregiving* webinars?

[ ] Yes

[ ] No

1. Have you reviewed the resource materials from Dr Perry available for the webinar you viewed? (Please note: not all webinars have resource materials)

[ ] Yes

[ ] No

1. Have you read at least one of Dr Perry’s books? Which one/s?

[ ] Yes

[ ] No

Which one(s)?Click or tap here to enter text.

**Applicant Questions:**

Please answer each of the questions below in 500 words or less.

1. Describe the *Neurosequential Model in Caregiving* as you understand it.
2. How have you used or will you use the *Neurosequential Model in Caregiving*?
3. Describe your experience working with foster, kinship, and/or adoptive parents or children who have been abused or neglected.
4. What specific skills do you think foster, kinship, and/or adoptive parents need to better understand and address the needs of children in their care?
5. Describe your experience providing training. How will that experience be helpful to you in this program? (Attach your resume)

OR

1. Training experience is not required, but preferred. If you don’t have training experience, what appeals to you about being a trainer for this material? (Attach your resume)

We are asking you to attach three letters of reference from people who know you well. These letters should address your background and expertise in related subject matter.

**Agency/Association Information:**

Each applicant must have a relationship with an agency or association that will commit to implementing the training program with fidelity. This commitment will begin when the applicant has completed their facilitator training and continue for a minimum of two years. Agencies will need to review and sign off on applications before submission. Licensing, child welfare, and behavioral health staff should coordinate with their supervisor/employer. Foster, kinship, and adoptive parents should coordinate with a licensing agency or a related association. If you are a foster, kinship, or adoptive parent and are unsure about your agency/association affiliation, please contact Amy Meyertholen at 602-252-9363 or amy@azcouncil.com.

Agency or Association Name Click or tap here to enter text.

Supervisor Name Click or tap here to enter text.

Supervisor Phone Number Click or tap here to enter text.

Supervisor Email Address Click or tap here to enter text.

What regions does your agency/association serve?

[ ] Maricopa County

[ ] Pima County

[ ] Rural Southern Arizona

[ ] Rural Northern Arizona

[ ] Statewide

[ ] Other

Click or tap here to enter text.

Are you/is your agency a member of the Arizona Council?

[ ] Yes

[ ] No

**Agency/Association Questions:**

Please answer each of the questions below in 500 words or less.

1. How will your agency/association recruit and train foster, kinship, and adoptive families to participate in the *Neurosequential Model in Caregiving* training program?
2. What is your plan to ensure program continuation for the next two years?
3. How many foster, kinship, and adoptive parents can you realistically train in two years?
4. What kind of technical assistance do you think you will need to implement this program?

**Agreement**

I understand that as a *Neurosequential Model in Caregiving* Facilitator, I have certain responsibilities. These include:

* Providing the training to fidelity to the model, at no cost to participants, and without the use of any training materials outside the scope of this project.
* Working with my agency/association to recruit and provide training to foster, kinship, and adoptive parents and the staff that support them in the child welfare and behavioral health systems. This includes at least two (2) in person group trainings using the standardized curriculum or at least five (5) facilitated group discussions using recorded webinars.
* Providing data to Arizona Council staff about program participants and training offered. This data will also be shared with Dr. Perry through his Neurosequential Network website.
* Participating in future program evaluation activities.

Signing below, I acknowledge that I accept and will abide by these agreements.

NMC Facilitator Signature Date

Supervisors Signature Date

Agency/Association CEO Signature Date

**Scoring Matrix: For use by Arizona Council Staff Only**

[ ]  Application received on time and complete with application fee

[ ]  Applicant has related experience with foster care/adoption or children who have experienced abuse or neglect

[ ]  Applicant has appropriate or relevant educational background or experience

[ ]  Applicant has training/teaching experience

[ ]  Applicant has demonstrated personal and communication skills to be an effective facilitator

[ ]  Applicant has verification of watching at least six (6) webinars

[ ]  Applicant is a foster, kinship, or adoptive parent

[ ]  Applicant has a plan to continue the program for a minimum of two years

[ ]  Applicant works in rural Arizona

[ ]  Applicant works for a member agency/association