**TRAINEE INFORMATION FORM FOR CIRCLE OF PARENTS TRAINING**

# January 21 -23, 2020

**Norfolk, VA**

I am looking forward to having you as a participant at the training on January 21 – 23. I would like to ensure that I meet your expectations for the training and provide a beneficial training experience. Please take a few minutes to respond to the questions below so that I might have a better idea of how to meet your needs. You may return this form via email to me at [jmcadam@familiesforwardva.org](mailto:jmcadam@familiesforwardva.org) or fax me at (804)359-5065. **Please return this by Friday, January 10th.** Thank you.

Julie Rivnak-McAdam

1. What are your expectations for the Circle of Parents training?
2. How familiar are you with the Circle of Parents model? What experience have

you had with mutual support group programs?

1. Is there any other information about you that you would like to share with

me at this time?

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Name as you wish it to appear on the certificate (please print clearly)

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Agency Mailing Address

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Daytime Phone # City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you any dietary restrictions/

Cell Phone # allergies etc. Please describe below:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please note: This training is at no cost to you. However, if you have to cancel, you must notify us by close of business on Friday January 10th or you will be billed a $50 cancellation fee.**

**Please sign here acknowledging that you understand this cancellation policy.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**