



**TRIPLE P TRAINING APPLICATION FORM
And
LETTER OF AGREEMENT**

Agency:

Address:

Phone: _____

By agreeing to participate in Triple P training, I confirm that I will require and support designated staff:

- To attend all days of the training course;
- To participate in 'peer practice groups' to prepare for Accreditation;
- To complete the Accreditation process;
- To free up staff time as part of service delivery to implement Triple P programs as part of our agency services;
- To participate in a Triple P peer network;
- To receive the Triple P Newsletter.

I agree to cover all associated travel costs (i.e. mileage, meals, accommodations) as per our agency's policies and practices.

I have read and agree to the responsibilities of my organization in the agreement to training:

Agency Executive Director/Senior Manager **Signature:**

Email: _____ Phone:

Participant
signature: _____

Email: _____ Phone:

Participant Name: _____

Group (Level 4): Sept. 20 - 22, 2017 _____ (Victoria)

Or Sept. 25 - 27, 2017 _____ (Qualicum)

Discipline: (e.g. educator, ECCE, family support worker, nurse, psychologist, social worker, etc.)

How does the selected participant meet the Guiding Principles (see attached)?:

Please return, complete with signature, to Cindy Knott, Vancouver Island Triple P Coordinator, at:

Email: cindy.knott@viha.ca (scan and email with signature)

Mail: Vancouver Island Health Authority
Queen Alexandra Centre for Children's Health
2400 Arbutus Rd.
Victoria, BC V8N 1V7

Fax: (250)519-6932