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**WRAP Facilitator Training (Level 2) – 5 Day Training Course** **Application Form**

Trim Family Resource Centre

**Course Dates:** 15th 16th, 19th 20th 21st February 2018

**Venue:** T.B.C. (in Trim)

*We are currently seeking expression of interest from people in the community to become WRAP Facilitators*

*Please ensure that you have read and agree to by signing the WRAP Facilitator Training (Level 2) Training Requirements and Values and ethics of WRAP attached to this form*

**Personal Details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title** **(If Applicable):**  |  |
| **Work Address****(If Applicable):** |  |
| **Email:** |  |
| **Landline:** |  |
| **Mobile:** |  |
| **Name of** **Service/Organisation:** |  |

**Details of WRAP Level 1 Training Completed:**

|  |  |
| --- | --- |
| **Dates:** |  |
| **Venue:** |  |
| **Trainers Names:** |  |

**My Relationship with WRAP:**

**The Benefits That I have experienced from using Level 1 WRAP Training in my own life:**

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| --- |
|  |

**Why I wish to become a WRAP Facilitator:**

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**Please outline Your Previous Experience in Group Facilitation, if any:**

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**Have you experience of working as part of a team? Please give details.**

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**Is there any other information you would like to add?**

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|  |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Closing date for applications:** Tuesday January 23rd 2018

**Please return completed application forms to:**

Trim Family Resource Centre

22 Mornington Drive

Trim

Co Meath

046 9438850

Email: admintrimfrc@gmail.com or susantrimfrc@gmail.com



**WRAP Facilitator Training (Level 2) – 5 Day Training Course**

**Training Requirements**

Trim Family Resource Centre

**Course Dates:**  15th 16th, 19th 20th 21st February, 2018

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Any applicant applying for WRAP Facilitator training Level 2 must agree to the following criteria, this must be agreed and signed off by their line manager.

* Attendees applying for Level 2 training must have completed Level 1 training and provide evidence of their certification for same (photocopy of cert to be attached to application form, including details of when and where the training was completed and identifying the trainers)
* *An essential criterion is that you have completed the section of the application form as to why you wish to become a WRAP trainer and the benefits you have experienced applying WRAP*
* You have been provided with a copy of the values and ethics of WRAP – we request that you revise same and indicate your commitment to deliver in accordance to same
* It is desirable that applicants have experience of and understanding of the skill set and expectations of group facilitation, please provide evidence of experience/training in group facilitation, if any, in the space provided in the application form
* Attendees must attend the full five days training
* As this is a subsided programme, applicants who are applying as part of their professional work role will be expected to provide a minimum of 2 Level 1 WRAP training programmes over the subsequent 2 years post training. These programmes must be open to service users of the mental health services and the members of the public who express interest through who express interest through your organisations.

**Applicant’s declaration:**

I wish to apply for a place on WRAP Facilitator training (Level2). I agree to adhere to the requirements outlined above and I will be in a position to bring my learning back to the area in which I work. I will attend refresher programmes if necessary and accept that it is my responsibility for keeping up to date with current and best practice initiatives.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Service providers only – (e.g. Centre Manager etc.)**

**Line Manager Declaration:**

I have discussed this training with the above staff member and agree to release them from their duties to attend the training and provide WRAP Level 1 interventions, minimum of 2 interventions over 2 years following this training.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**VALUES & ETHOS OF WRAP**

* Self-determination, personal responsibility, empowerment and self-advocacy are the key aspects of this programme
* The programme supports workshop decision-making and personal sharing
* Participants are treated as equals, with dignity, compassion, mutual respect and unconditional high regard
* There is unconditional acceptance of each person as they are – unique, special individuals, including acceptance of diversity with relation to culture, ethnicity, language, religion, race, gender, disability, sexual identity and readiness issues
* All the participation is voluntary
* The focus is on individual strengths and away from perceived deficits

**Values and Ethos of WRAP**

I have read the values and ethics of WRAP and commit to delivering WRAP training in accordance with same

Please Tick:

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Application Checklist**

* Completed and signed WRAP Level 2 Application form
* Read and signed WRAP Level 2 training requirements – with line manager signature where applicable
* Copy of WRAP Level 1 Training Certificate attached
* Read and agree to deliver WRAP in accordance with the values and ethos of WRAP

The WRAP Level 2 training is being coordinated by Trim Family Resource Centre in collaboration with The Copeland Centre and Mental Health Ireland.

We would like to thank you for taking the time to complete this application form. Places on the training are limited and applications will be reviewed in line with the training requirements outlined above and places will be allocated on the basis of the same.

**Closing date for applications is:** Tuesday January 23rd 2018

**Please return completed application forms (in hard copy) to:**

Trim Family Resource Centre

22 Mornington Drive

Trim

Co Meath

Tel: 046 943880