|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **eCPR Registration Form** | | | | | | | | |
|  | | | | | | | | |
| This free training workshop series has been made possible through a Victorian Department of Health and Human Services Grant and is open to all staff from State funded Mental Health and Alcohol and other Drug Treatment and Support Services  eCPR is a community-based program that teaches people to assist someone experiencing an emotional crisis through connecting, empowering and revitalizing. The foundations for emotional CPR, draw on trauma informed engagement; components of recovery; instilling hope; cultural empathy; features of dialogue; values of a healthy community; and crisis counselling after a disaster.  For further information on eCPR visit https://www.emotional-cpr.org/.  Please email all registration forms to [shellie.braverman@vmiac.org.au](mailto:shellie.braverman@vmiac.org.au)  These workshops will be conducted over Zoom via three four hour training sessions held on separate days | | | | | | | | |
|  | | | | | | | | |
| *Please provide us with your contact details* | | | | | | | | |
| Name: | | |  | | | | | |
| Organisation name: | | |  | | | | | |
| Role | | |  | | | | | |
|  | | |  | | | | | |
| *Contact information: for mailout of eCPR Resource Manual* | | | | | | | | |
| Home Address | | |  | | | | | |
|  | | | | | | postcode | |  |
| Email Address | |  | | | | | | |
| Phone Number | |  | | | | | | |
|  | | | | | | | | |
| *Please check all that apply* | | | | | | | | |
|  | I work within a State Funded Mental Health Service. | | | | | | | |
|  | I work within a State Funded Alcohol and other drug treatment and support service | | | | | | | |
|  | My manager supports my attendance at this training | | | | | | | |
|  | | | | | | | | |
| *Please check below each comment you agree to with regards to your participation in Emotional CPR (eCPR) training.* | | | | | | | | |
|  | I will attend all 3 sessions of the online Emotional CPR (eCPR) training | | | | | | | |
|  | I will notify VMIAC at RECEPTION@VMIAC.ORG.AU should I not be able to attend this training so that an alternative participant can attend | | | | | | | |
|  | | | | | | | | |
| *Please select the Emotional CPR (eCPR) training session you will be attending*. | | | | | | | | |
| **Workshop 1** | | | | **Workshop 2** | **Workshop 3** | | **Work Shop 4** | |
| 12:30 – 4:30pm Thurs July 9 Fri July 10 Thurs July 16 | | | | 12:30 – 4:30pm Tues July 14 Tues July 21 Tues July 28 | 12:30 – 4:30pm Wed July 22 Thurs July 23 Fri July 24 | | 9:30 – 1:45pm\* Wed July 29 Thurs July 30 Fri July 31 | |
| **Workshop 5** | | | | **Workshop 6** | **Workshop 7** | | **Workshop 8** | |
| 12:30 – 4:30pm  Tues Aug 4 Wed Aug 5 Thurs Aug 6 | | | | 9:30 – 1:45pm\* Frid Aug 7 Fri Aug 14 Fri Aug 21 | 12:30 – 4:30pm Tues Aug 18 Weds Aug 19 Thurs Aug 20 | | 12:30-4:30pm Tues Aug 25 Tues 1 Sep Tues Sept 8 | |
| **Workshop 9** | | | | **Workshop 10** |  | |  | |
| 9:30 – 1:45pm\* Wed Sept 2 Thurs Sept 3 Wed Sept 9 | | | | 12:30 – 4:30pm Fri Sept 18 Fri Sept 25 Fri Oct 2 |  | |  | |