

FRMP Training Application Form

About the Family Reconciliation Mediation Program

FRMP is funded by the Department of Human Service (DHS) to assist community sector workers to support young people experiencing homelessness to re-establish or improve connection to family and/or communities of support.

FRMP capacity building work is focussed on building the capacity of homelessness workers to assist young people who are homeless, or at risk of homelessness to:

- wherever possible and appropriate, stay or return home
- reconnect with family, significant others or community,
- resolve within themselves issues relating to family conflict and breakdown

FRMP Training

In 2013/14 FRMP is undertaking its capacity building work by making funds available to support youth homelessness workers to access relevant training in the area of family reconciliation and mediation, and related skills.

Training will be provided by FRMP to the sector in two ways:

- a) Training and reflective practice developed in partnership with specialised training providers; and,
- b) Sponsorship of individual places within training sessions provided by approved external training providers and organisations relevant to the areas of family reconciliation and mediation.

The attached training application evaluation forms can be used for both types of training.

Scholarship application

- To assist FRMP to ensure equity of access to training, only one application can be submitted per organization. An organisation may choose to apply to send two practitioners to training with FRMP contributing half of the registration cost per practitioner.
- Applicants will be selected based on a demonstrated need for the training and relevance to their work; unsuccessful applicants will be notified via email.
- Approval of scholarships will be at the discretion of FRMP staff and will take into account the following: articulated need for training; consideration of any prior training provided by FRMP; the workers' organisations inability to meet training costs; whether other workers within organisation were previously represented in FRMP training; which region represented (and availability of training in the region); the match of training to skills of the worker; direct correlation to family based work, etc.

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Please note that:

- MCM will organise to register the successful recipients in the training.
- FRMP scholarship/training funds are only available to cover the cost of the approved training and do not extend to transport or accommodation costs, this must be met by the applicant or their organisation.
- Cancellations of scholarships and training are discouraged but where unavoidable must be received 7 working days prior to the training date. A failure to attend sponsored training will result in the individual being invoiced (with the exception of an emergency).
- All training recipients are required to complete an evaluation form and return this to FRMP no later than 14 days after completion of training.
- Please ensure this application form is returned to FRMP by the advertised due date:
frmp@mcm.org.au.

Key dates

Scholarship Application forms forwarded to FRMP by **30 June 2014**

Single Session Family Consultation: due dates as below

Dates	Application Due Day	Region
28 & 29 July 2014	15 July 2014	Melbourne
11 & 12 August 2014	29 July 2014	Gippsland
13 & 14 October 2014	30 September 2014	Loddon Malle
10 & 11 November 2014	28 October 2014	Barwon South West
17 & 18 November 2014	5 November 2014	Melbourne
24 & 25 November 2014	11 November 2014	Grampians
16 & 17 February 2015	3 February 2015	Hume
23 & 24 February 2015	10 February 2015	Melbourne



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About You	
Name	
Organisation	
Program	
Region and city	
Contact details Phone Email Address	
What level of qualifications do you have?	<input type="checkbox"/> None <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Skills obtained through experience
What best describes your role?	<input type="checkbox"/> Support worker <input type="checkbox"/> Initial assessment and planning worker <input type="checkbox"/> Family/youth reconciliation worker <input type="checkbox"/> Tenancy administration worker <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
What best describes your position in your program/organisation?	<input type="checkbox"/> Manager <input type="checkbox"/> Team leader/Coordinator <input type="checkbox"/> Practitioner <input type="checkbox"/> Other (please specify)
How many years have you worked	<input type="checkbox"/> 0 – 2 years



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<p>in your current position?</p>	<p><input type="checkbox"/> 2 – 4 years</p> <p><input type="checkbox"/> 4 – 6 years</p> <p><input type="checkbox"/> longer</p>
<p>What is the main form of work you practice?</p>	<p><input type="checkbox"/> Outreach based case management</p> <p><input type="checkbox"/> Initial assessment and planning</p> <p><input type="checkbox"/> Facility based case management</p> <p><input type="checkbox"/> Intensive case management and support</p> <p><input type="checkbox"/> Tenancy administration worker</p> <p><input type="checkbox"/> Community development</p> <p><input type="checkbox"/> Group work</p> <p><input type="checkbox"/> Capacity building</p> <p><input type="checkbox"/> Other (please specify)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Do you work directly with young people (face to face contact)?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No, I work with a team that does this as a leader/ manager</p> <p><input type="radio"/> No, I work to support teams that do (e.g. community development, policy, research, etc)</p> <p><input type="radio"/> Other (please specify)</p>
<p>Do you work directly with families?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No, and I will not be working with families at any time during my practice</p> <p><input type="radio"/> No, but I foresee that I may be working with families at some point during my practice in the future</p>
<p>Do you have any training in family based interventions?</p>	<p><input type="radio"/> No</p> <p><input type="radio"/> Mediation</p> <p><input type="radio"/> Family Reconciliation</p> <p><input type="radio"/> Family therapy</p> <p><input type="radio"/> Counselling</p>



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	<input type="radio"/> Relationship counselling <input type="radio"/> Other (please specify)
The training scholarship is sought for:	
Name of training (see attached calendar)	
Training provider	
Date of training	
Venue of training	
Dietary requirements?	
Access requirements? (i.e. wheelchair ramp, etc)	
Length of training	
Cost of training	
Registration link/ phone number	
What has been your main barrier to accessing required/ desired training in the past?	<input type="checkbox"/> Distance <input type="checkbox"/> Cost (no or limited organizational training budget) <input type="checkbox"/> Resistance within organisation <input type="checkbox"/> Time Limitations <input type="checkbox"/> Limited motivation <input type="checkbox"/> Feeling unqualified or anxious to attend <input type="checkbox"/> No courses available that specifically meet my needs <input type="checkbox"/> Delivery inflexible <input type="checkbox"/> Previous training did not meet my needs



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	<input type="checkbox"/> Previous skills from training were quickly lost as there was no follow up/ continued discussions to enforce the training <input type="checkbox"/> Length of training too long <input type="checkbox"/> No accommodation or transport costs provided (cost issue) <input type="checkbox"/> Other (please specify) <input type="text"/>
<p>Is your organisation able to pay for, or contribute to the costs of this training? Why, why not?</p>	
<p>In your own words, how will this training assist you better to work with young people and their families?</p>	
<p>Date and signature</p>	<p>I....., agree to the following terms and conditions:</p> <ul style="list-style-type: none"> • I will make all necessary arrangements for, and pay for, my transport and accomodation costs to attend the training • I will inform FRMP 7 working days before the training if an unavoidable cancellation must be made • If I fail to inform FRMP of an unavoidable cancellation within 7 days, I understand that I will be invoiced for the training costs • I will complete an evaluation form and return this to FRMP no later than 14 days after completion of training • I agree to having my application details shared with external training providers in order to ensure that the training best meets my needs <p>Date.....</p>



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