

FYRT Trainer Application for Peer Support Certification Training – Children’s Services

Core Knowledge and Skills for Trainers (Peers)

1. Training Methodology, Techniques and Presentation Skills
2. Three plus years experience as a Peer/family/youth Partner (definition page__)
3. Adult Learning and its impact on training presentation
4. Group Process Skills
5. Understanding of Core Competencies of a peer support partner in children’s services.

Core Knowledge and Skill for Trainers (Professional Partners)

1. Training Methodology, Techniques and Presentation Skills
2. Three plus years experience as a working in Children’s Social Services
3. Adult Learning and its impact on training presentation
4. Group Process Skills
5. Understanding of Core Competencies of a peer support partner in children’s services.

Application Checklist:

The following required information must be submitted, failure to complete the application in its entirety will result in deferral of the application.

Trainer’s Qualification Application Form

Personnel Letter describing their purpose for becoming a Trainer of this subject (Maximum 500 words)

Professional Resume or Curriculum Vitae

Documentation of Adult learning/Adult education/Presentation skill level

Three letters of recommendation

1. From an agency demonstrating your skill in engaging staff and Family members in building Partnership
2. From a family/youth demonstrating your skill in engaging families/youth in building partnerships with service providers.
3. From an agency that you have provided training to demonstrate your training skill.

Documentation of three or more years experience as a Peer Support Partner in Children’s Services or as a Professional Partner that can demonstrate success in building partnerships with families.

For those that identify they are a Peer Support Partner:

Agreement that you meet the definition of a Peer Support Partner: *The Caregiver and/or the recipient of services provided by a public funded child-family serving system.*

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Application

___ Dr. ___ Mr. ___ Ms. ___ Mrs. ___ NAME: _____

E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____ Fax: _____

Employer: _____ Job Title: _____

1. Describe your experience and formal/informal training in Adult Styles of Learning. Include number of hours of your formal/informal training
2. Describe your experience in presenting/training. Include subject matter and length of training.
3. List organization (s) you have provided training for
4. List all field work experience including your role; target populations and public system (attach resume/CV)

Sponsoring Agency agrees to support my development in the FYRT Certified Trainer Development Program over the next Three Years.

I attest that the application submitted is accurate.

As an FYRT registered Trainer, I agree to conduct myself in a manner which will enhance the integrity of the Peer Support Partners Children’s Services field and promote professional development among peer support partner’s professionals.

As an FYRT registered trainer I agree to adhere to all required FYRT standards, while modeling Family Youth Professional Partnership.

I agree to attend coaching sessions and adhere to communication requirements.

I understand that approval of this training is contingent upon my agreement with the above statements.

I understand that violation of any of the above statements may place approval of this, and/or future training approval applications, in jeopardy.

I understand that I must attend nine coaching sessions per year to maintain my status as an FYRT registered Trainer.

I understand that FYRT is the sole owner of all materials and information; hitherto, all contents are copyrighted by FYRT and may not be used for any personal or profitable gain

I understand that I am to participate and subject to evaluative requirements

I understand that peer reviews are part of the curriculum and required.

I understand that failure to adhere to these guidelines will result in removal from the FYRT Trainer Registry.

I, hereby, agree to abide by the conditions set forth in this Trainer Agreement.

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Signature Page

A) Sponsoring Agency

Please Print

Agency/Organization:

Authorized Agency’s Representative Name and title:

Mailing Address:

Telephone:

E-Mail:

Authorized Agency’s Representative Signature

Date

B) Applicant

Please Print

Applicant’s Name and Title:

Mailing Address:

Telephone:

E-Mail:

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Applicant (Signature) _____

Date: _____

For Office use only:

Date Application Received: _____ Date Application Reviewed by team: _____

Application accepted: _____ Rejected reason: _____

Date attended t4t: _____ Post Test Score: _____ Presentation Skill Score: _____

Accepted as a Registered Apprentice Trainer: _____ Date: _____

Initial Coaching Session and plan development _____ Date: _____

Registered Trainer: _____ Date: _____

Master Registered Trainer: _____ Date: _____

Trainers Levels Requirements:

Apprentice: Successfully Completed T4T and One Coaching Session

Registered Trainer: met Apprentice requirements, received two peer reviews resulting in 3.5 or higher score. Attended 9 coaching session within 1st years, has provided two full presentation resulting in post test scores of 80% or higher.

Master: Has completed a coaching plan developed with FYRT Coaching staff to become a master trainer. Met all requirements of a Registered Trainer for 3 plus years, has received six peer reviews, has attended a minimum of 27 coaching sessions, has provided ten full presentations resulting in post test scores of 80% or higher. Has co-trained with a Master Training at least one T4T complete training resulting in post test scores of 80% or higher.