



Registration Form

Update Training of Trainers in Therapeutic Crisis Intervention: TCI Curriculum Revisions, Edition 6

24, 25 September 2009

The Sebel Surry Hills, 28 Albion Street, Surry Hills 2010

Tax Invoice

ABN 90 677 510 841

(This form is a tax invoice once completed and lodged. Please keep a copy for your records.)

Name: _____ Position: _____

Agency: _____

Address: _____

City: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____

E-mail address: _____

Date on TCI Training of Trainer's certificate: _____

Payment:

Tuition fee: \$650 (includes lunch/refreshments each day, reference guide, student workbook, other course materials.) Note: GST is **not** payable on this course.

Cheque option: Please make cheque out to *The Thomas Wright Institute* and send to:

TCI Train the Trainer Update
The Thomas Wright Institute
PO Box 4260
KINGSTON ACT 2604

Credit card payment option: Mastercard Visa (tick one)

Amount: \$650.00

Card Number: _____ Expiry date: __/__/__

Name on card: _____ Signature: _____

For all enquiries, please contact Vicki Brown on 02 6295 6255 or email office@twi.org.au



SPECIALIST SUPPORT FOR CHILD, YOUTH AND FAMILY SERVICES



TCI Physical Training Participation Guidelines

Attestation:

NOTE: Before signing this application, please review the guidelines for participating in physical activity and initial the category of activity below that best applies to you.

I attest that I am physically capable of sustained, intense exertion and have no physical disability or condition (eg recent surgery, back or knee problems, obesity, heart condition) that would prevent me from participating in the physical restraint techniques and exercises (such as dropping repeatedly to knees, supporting another adult's weight, twisting and turning manoeuvres, intense physical exertion etc) required to complete the course entitled Train the Trainer in Therapeutic Crisis Intervention and all update programs. I understand that these activities are strenuous. I acknowledge and assume the risks associated with strenuous physical activities and any accident that may occur during my participation in such activities. I also understand that the presenters (The Thomas Wright Institute, Cornell University Residential Child Care Project and Centre for Community Welfare Training) have no responsibility to make an independent assessment of my physical capability to participate in the Train the Trainer in Therapeutic Crisis Intervention Course and all Update courses. If I have any questions or reservations about my physical capability to participate, I attest that I have consulted my own physician and initialed the category of activity below that best applies to my ability.

- _____ **Certification #1** I will not be participating in any physical activities. (All prevention, de-escalation, safety, and recovery material.)
- _____ **Certification #2** All prevention, de-escalation, safety, and recovery material, protective Interventions, standing restraint
- _____ **Certification #3P** All prevention, de-escalation, safety, and recovery material, prone restraint, standing restraint, seated restraint, small child restraint, protective interventions.
- _____ **Certification #3S** All prevention, de-escalation, safety, and recovery material, supine restraint, standing restraint, seated restraint, small child restraint, protective interventions.
- _____ **Certification #3S/P** All prevention, de-escalation, safety, and recovery material, supine + prone restraints, standing restraint, seated restraint, small child restraint, and protective interventions.

I understand that in order to be certified as a TCI trainer and to be permitted to offer TCI training, I must pass the certification requirements during the Training of Trainer course. Attendance alone does not qualify me as a TCI trainer and allow me to train TCI.

Participant's signature

Date

GUIDELINES FOR SAFE PARTICIPATION IN PHYSICAL RESTRAINT TRAINING

We want to reduce the risk of injury for participants in our training as well as set reasonable guidelines for trainers in their own agencies in order to reduce the risk of injury for staff members, and children. We ask that you consider the following risk factors and participate in the TCI Training according to your own level of fitness. You will need to calculate your Body Mass (BMI) to complete this assessment. You can use the following web site to estimate your BMI: <http://nhlbisupport.com/bmi/bminojs.htm>

No Physical Restraint Training

If you have one of the conditions listed below, you should not participate in any physical activity that requires twisting and turning, manoeuvring to the floor, or extreme exertion. You may participate in protective interventions and breaking up a fight if you and your physician determine that you are not putting yourself or others at undue risk. We reserve the right to request medical verification of your ability to participate in the category of physical activity you self-declare on the application.

- Pregnant
- Back or knee problems
- Cardiopulmonary conditions
- Recent surgery
- Osteoarthritis
- Osteoporosis
- BMI over 35
- BMI between 30 and 35* If your BMI is between 30 and 35 and you wish to participate in the full physical restraint training, the following conditions should be met:

Waist size

- Males: under 40 inches (101 cms) Females: under 35 inches (89 cms)
- You adhere to a regular fitness/workout routine.
- Your blood pressure is within normal range (with or without medication).