**2/2/22 Training Request Form**

We value high-quality training and want to meet your needs.

This is an initial form and does not obligate you in any way; we will get back to you with options.

Provide as much detail as you like.

**What type of training would you like?**

a) *Content or goal*. See our [Topics page](https://www.treatment-innovations.org/many-topics-we-train-on.html) for ideas. Examples: Seeking Safety, trauma-informed care, fidelity training, zoom/phone consultation, supervisor training, research consultation, etc.

b) *Special focus, if any* (criminal justice, gender-based, adolescent, advanced training, etc.).

c) *Length, if applicable* (1, 1.5, or 2 days are typical, but can be any length).

d) *About the audience:* How many attendees? \_\_\_\_\_

Anything else you’d like to share about them, such as prior experience with Seeking Safety or other models? [Note: attendees do not need a license or any specific degree or experience.]

e) *Timing* (dates you’d prefer, days of the week, etc.). We are flexible and do not need a lot of lead time.

f) *Virtual* [ ]  *or in person* [ ]   *If in person, what city or town?*

g) *Is it acceptable for one of Lisa Najavits’ associates to conduct the training?* Yes [ ]  No [ ]  Unsure[ ]

Before finalizing a trainer, we will send you the trainer’s resume to verify that the person is a good fit for you.

*If you prefer Lisa to do it please note the cost is more than double an associate’s rate (see next section). Do you want us to email you Lisa’s rate?* Yes [ ]  No [ ]

*If there is a specific trainer you’d like to request list the name here: \_\_\_\_\_\_\_\_.*

h) *Please confirm our standard rates (below) for an associate to conduct the training are acceptable:* Yes [ ]  No [ ]

*If not, please suggest what fee you propose.*

Our standard rates in 2022:

* For a regular training, $2900/day speaker fee, plus travel costs if applicable. The speaker fee can be prorated for half days (divide the day rate by half, then add travel).
* For hourly phone/zoom consultation, $180/hour.

i) *Check one box below to indicate your arrangement.*

[ ]  1. This will be a closed training (only employees of my agency will attend). This means it cannot be advertised outside of my agency and no one will be charged to attend.

[ ]  2. My agency already has a written agreement with Treatment Innovations for charging individuals and/or other entities to attend the training. If so, please email that written agreement with this form.

[ ]  3. My agency would like to negotiate a written agreement with Treatment Innovations to charge individuals and/or other entities to attend the training, and agrees the training is not confirmed until such an agreement is in place (at least 6 weeks prior to the training). If you check this box, please list:

 a. How many people would be charged to attend?

b. How much would you charge per person?

 c. How many people would not be charged to attend (e.g., your own staff)?

j)  *Any other details about your agency, training needs, etc.*

k) *Are you potentially interested in phone/zoom consultation after the training? Yes* [ ]  *No* [ ]

 These provide support to counselors once they are implementing a model.

**Your contact information**

Name: Email: Phone:

Agency name: Address:

**Send this form** byemail (training@treatment-innovations.org) or fax (617-701-1295)

Questions? Email us or call 617-299-1670; email is preferred when possible.

We will get back to you soon.

Thanks!