     

**Registration form for Program Training\***

*\*This form can be used for all Alberta Programs (Happiness, Health Basics, Anxiety to Calm, Chronic Pain, Relationships in Motion and Journeying through Grief) for the 2-day virtual training sessions.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Organization:**  | **Location:**  | **Not for Profit:** | **Yes** | **No** |

|  |
| --- |
| **Name of Manager who will administer the program**  |
| **Phone #:**  | **Email Address:**  |

|  |  |  |
| --- | --- | --- |
| **Manager is willing to participate in quarterly Alberta Happiness Basics, Alberta Health Basics, and****Alberta Anxiety to Calm Program Sharing Community of Practice meetings.** | **Yes** | **No** |

|  |  |
| --- | --- |
| **Name of Evaluator for the program** |  |
| **Phone #:**  | **Email Address:** |

|  |  |  |
| --- | --- | --- |
| **Organization is willing to complete course evaluations and share evaluation data.** | **Yes** | **No** |

Provide the following information for all interested trainees:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Registering for** | **Purchase Manual and Journal****(Yes/ No)** | **Name** | **Designations** | **E-mail address** | **Phone #** | **Facilitation Training Completed (Yes/No)** | **CBT Training****(Anxiety to Calm Only)****(Yes/ No)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Email completed forms to** **programsharing@rdpcn.com**