

Safe With You Train-the-Trainer Application



Training Date: August 7, 2014
Time: 8:30 a.m. - 12:30 p.m.
Training Location: ESU #10, 76 Plaza Blvd., Kearney, NE 68848

Return application by July 31, 2014

Name _____

Agency _____

Work Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Fax _____ E-mail _____

Home Address _____

City _____ State _____ Zip _____

Please circle preferred contact: work or home

*Staff employed at centers with non-compliance report from the Department of Health and Human Services Child Care Licensing are not eligible for the training-of-trainers.

The preferred qualifications for Safe With You trainers are:

- Have previously taken Safe With You training, or has experience working in child protection, nursing or public health.
- Have 3-5 years of experience operating an early childhood care and education program.
- Have worked in an early childhood care and education program with a history of licensing compliance.
- Understands safe sleep practices, child abuse reporting requirements and ways to reduce stress in your own life.
- Understands health and safety practices in general related to early childhood care and education.
- Has at least 1-2 years of experience as a trainer.

1. When did you attend a Safe With You Workshop?
2. Describe your experience training others in early childhood topics.
3. What makes your training effective?
4. Why would you like to be considered as a trainer for the Safe With You training?

Your application will be reviewed, and if you meet the training qualifications, you will be notified.



Safe With You Train-the-Trainer

Letter of Agreement

I have read the training application and preferred requirements for Safe With You, and understand the training and responsibilities as a trainer. I understand the personal and professional time commitment necessary for participation. I have discussed this with the organization I represent and my employer to be sure they understand the implications of this agreement.

I agree to:

- Complete the **Safe With You** Train-the-Trainer program
- Complete and return all the paperwork required by the Early Childhood Training Center
- Work with the Early Learning Connections Coordinator to promote, coordinate and deliver the Safe With You training
- Deliver at least one Safe With You training every 12 months if requested. If unable to fulfill this obligation, I will return all Safe With You Training resources to the Early Childhood Training Center.
- Stay current on any updates made to the Safe With You Training

Participant Signature/Date

Employer

Supervisor Signature (if applicable) and Date

For questions contact: Mary Beth Pistillo, 402-557-6893, Marybeth.pistillo@nebraska.gov

Return to:
NDE/Early Childhood Training Center
6949 South 110 Street
Omaha NE 68128
FAX 402-557-6890