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# PAIP Training:

# September 2024 Registration Form

**Participant Information**

Name: Pronouns (optional):

Organization (if applicable): Role (if applicable):

Email Address: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Schedule**

The schedule for the September 2024 training will include three full-day sessions in-person.

Date and Time:

* 9/4/24, 9am – 5pm
* 9/5/24, 9am – 5pm
* 9/6/24, 9am – 5pm

Registration fee will be **$200/person** and include materials for the training. Registration deadline is August 28, 2024 or when the participant limit (25) has been met; no refunds will be issued after August 28, 2024.

This training will be held entirely **in-person at Sarah's Inn.** We are located at **1547 Circle Ave. Forest Park, IL 60130.**

**Training Participation Agreement**

* Participants must be present for all of the training sessions. Participants are also expected to be on time for every scheduled session and cannot be let in after 9:15 AM. Please contact Rebekah Miller at [rebekahm@sarahsinn.org](mailto:rebekahm@sarahsinn.org) if you become aware of any conflicts to determine if accommodations can be made.
* The PAIP Facilitator Training provides individuals with the essential skills and tools necessary to facilitate partner abuse intervention groups, reviews the Illinois Partner Abuse Protocol, and teaches best practices for group co-facilitation.

**Learning Objectives:**

* Comprehend the key objectives of the Illinois Department of Human Services Protocol
* Demonstrate an understanding of essential PAIP curriculum components
* Exhibit an understanding of an effective group process with appropriate co-facilitation skills
* Understand and gain the tools to engage with difficult participants
* Be familiar with PAIP Requirements and Reporting

Social Work, Counseling, and ICDVP, CEUs are available. Sarah’s Inn is a certified training provider for the 20-Hour PAIP Facilitator Training through the Illinois Certified Domestic Violence Professionals Board.

**Training Fees Qty.**

**$200/person – includes materials for training**

*Please include contact information for each of the people will be attending:*

Registrant #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #1 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #1 Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #2 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #2 Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #3 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #3 Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #4 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant #4 Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### *Pay online or, alternatively, mail payment to:* Sarah’s Inn, Attn: Rebekah Miller

PO Box 1159

Oak Park, IL 60304

***Please contact Rebekah Miller with any questions at*** [***rebekahm@sarahsinn.org***](mailto:rebekahm@sarahsinn.org) ***or 708-386-3305 x1010***