**HANDLE WITH CARE**

**MASTER TRAINER PROGRAM**

**BELLE MEAD, NJ**

*Helping to create and maintain safer, more caring environments by teaching*

*preventative actions that result in decreased need for physical restraint.*

|  |  |
| --- | --- |
| **When:**  | **JAN. 04, 2018 8:30 AM – 4:30 PM** |
| **Training:** **Lodging:** | **Carrier Clinic / East Mountain Youth Lodge** **252 County Rd. 601, Belle Mead, NJ 08505****Call for directions only (908) 285-3897**Days Inn Hillsborough118 Rt. 206 SouthHillsborough, NJ 08876 TEL: (908) 685-9000 |
| NO BLOCK ROOMS RESERVED |
| **Cost:** | **As per Master Trainer Agreement\*****ALL MASTER TRAINERS MUST BE PRE-APPROVFED BY HANDLE WITH CARE** |

#### **This seminar will cover**:

* **Comprehensive Verbal Skills Workshop**: Handle With Care’s Verbal De-escalation Training focuses on understanding the cycle of tension/relaxation and calibrating the intervention based on the student’s needs and where the student is on the cycle. HWC also teaches a self-awareness model where staff is taught to monitor and control their reactions to provide better care and develop the ability to defuse situations through their own behavior and responses. The program then puts theory into practice in the form of role- plays.
* **Physical Skills Training**: Personal defense, use of personal space and blocking techniques.
* **Personal Defense**: Includes the use of personal space, escapes, blocking techniques and 3rd person save methods. HWC is the only technology in the industry that teaches you how to protect both yourself and another person/student from harm.
* **Primary Restraint Technique®.** The PRT**®** is versatile, effective, painless, safe and easy to apply. Staff is positioned in the safest place possible, behind the student. The PRT conveys an immediate reassuring sense of limits and is very effective with autistic students.

**If you are a Master Trainer, and need to be re-certified, this is the training to attend.**

**ALL MASTER TRAINERS MUST BE PRE-APPROVFED BY HANDLE WITH CARE**

**Enrollment is limited. Slots will fill fast.**

**To enroll or request additional information call:**

**Seminar Administrator: (845) 255-4031 / Fax: (845) 256-0094**

**Go To:** [**www.HandleWithCare.com**](http://www.HandleWithCare.com)

|  |
| --- |
| **HANDLE WITH CARE – MASTER TRAINER PROGRAM****BELLE MEAD, NJ- REGISTRATION PAGE****Please Fax completed Form to: Seminar Administrator @ 845-256-0094** |
| **When:** | **JAN. 04, 2018 8:30 AM – 4:30 PM** |
| **Training:** **Lodging:** | **Carrier Clinic / East Mountain Youth Lodge, 252 County Rd. 601,****Belle Mead, NJ 08505 - Call for directions only (908) 285-3897**Days Inn Hillsborough118 Rt. 206 SouthHillsborough, NJ 08876 TEL: (908) 685-9000 |
| NO BLOCK ROOMS RESERVED |
| **Cost:**  | **As per Master Trainer Agreement\*****ALL MASTER TRAINERS MUST BE PRE-APPROVFED BY HANDLE WITH CARE** |

 Company Name:

 Address:

City State Zip

 Telephone: Fax:

 E-Mail:

 Participant/

 Name(s):

 Cell or Dir.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell or Dir.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Wish to reserve the following slots:

Name of Agency

Top of Form

Payment Options: Credit Card / Check / Purchase Order #

Bottom of Form

Days # of Slots Cost

Master Trainer Program Per MT Agreement

Payment is payable to Handle With Care Behavior Management System EIN 14-1803426 at 184 McKinstry Road, Gardiner, NY 12525, Tel: 845-255-4031. Payment can also be made at the time of training.

I hereby represent that I am authorized to submit this Registration form on behalf of my agency. By registering, my agency is obligating payment for the above-registered people. Contractual terms associated with this training are incorporated herein and can be viewed on our web site: [www.handlewithcare.com](http://www.handlewithcare.com). To receive a refund, you must cancel 30 days before the scheduled training. If registered people are unable to attend due to sickness, weather or any other emergency or act of god a credit will be given for that person to attend another Handle With Care Seminar.

Signature of authorized agency agent Date

Print Name, Title