



Introduction to **TRAUMA**

This 3 hour introductory workshop helps participants to recognise the impact of abuse, neglect and other interpersonal trauma on people accessing their service.

Increase your confidence in responding to people who have experienced interpersonal trauma and develop trauma-informed responses to increase safety within the service environment.

This workshop can easily be contextualised to different service settings (e.g. homelessness, domestic violence, disability).

This workshop covers the following topics:

- Introduction to trauma and the stress response
- Understand triggers, flashbacks and dissociation
- Develop trauma-informed responses by exploring safety in relationships and services
- Understand vicarious trauma and develop vicarious resilience

NEXT STEP TRAINING WITH MHCC:

- Understanding and Responding to Trauma
- Mental Health Connect
- Trauma Informed Approach to Aboriginal Wellbeing
- Certificate IV in Mental Health

Inhouse training is available on request. Talk to us about your training needs today.

\$ 160.00 MHCC Members \$ 185.00 Non-members

Course details may be subject to change. Please refer to www.mhcc.org.au for current fee and timetable information.

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REGISTRATION FORM



Please write clearly in CAPITAL LETTERS.
Please forward your completed registration form to
training@mhcc.org.au or fax to 02 9810 8145

WORKSHOP DETAILS

Please register me for the following course:

| | |
|-------------------------|----------------------|
| Workshop / Course Title | <input type="text"/> |
| Location | <input type="text"/> |
| Workshop Date(s) | <input type="text"/> |

CONTACT DETAILS

| | | | | | | |
|-------------------------|----------------------|--------------------------|----------------------|--------------------------|-------|--------------------------|
| Full Name | <input type="text"/> | | | | | |
| | M | <input type="checkbox"/> | F | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Job Title/ Position | <input type="text"/> | | | | | |
| Organisation / Employer | <input type="text"/> | | | | | |
| Address | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | State | Postcode | | | | |
| Email | <input type="text"/> | | | | | |
| Tel (M) | <input type="text"/> | Tel (W) | <input type="text"/> | | | |

Do you require any support or assistance during training, eg; disabled access, audio loop. If so, please specify.

MHCC TERMS & CONDITIONS

Refunds

Please choose workshops carefully. Once registrations are processed refunds can only be made when:

- A workshop is cancelled, or the date is changed by MHCC
- A written request is received 14 days prior to the workshop
- A medical certificate is provided in the event of illness or misadventure

All refunds will incur a \$35 administration fee except where a workshop has been cancelled by MHCC. Full or partial non-attendance of registered participants will incur the full registration fee.

Transfer / Substitution

You can transfer to another workshop/date (of the same value) on one occasion, pending availability, by notifying MHCC in writing seven days prior to workshop commencing.

Email: training@mhcc.org.au **Fax:** 02 9810-8145

Participant substitutions must be advised in writing five days prior to the workshop.

Workshop Cancellations

We make every attempt to ensure that workshops run. However, MHCC reserves the right to alter any arrangements, including cancellations if required. We will notify you of any cancellations and changes as soon as possible, usually this will be seven days prior to the workshop date.

MHCC is not responsible for travel-related costs that may be incurred as a result of cancellations.

In the event MHCC cancels a workshop, you can choose whether to transfer, on one occasion, to another workshop of the same value (pending availability) or receive a refund.

CONSENT

By completing and returning this form you are consenting to the collection of this information for the provision of training as well as accepting the MHCC terms and conditions outlined above. Please refer to the MHCC confidentiality and privacy policy at www.mhcc.org.au

Signature _____ Date ____ / ____ / ____

How did you hear about this MHCC training?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> MHCC Website | <input type="checkbox"/> Email | <input type="checkbox"/> Attended other training |
| <input type="checkbox"/> MHCC Event | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> I would like to receive more information about MHCC |

PAYMENT INFORMATION

ABN: 59 279 168 647

Payment Type

Visa
 MC
 Cheque
 Invoice (Organisations only)

C/C number

Cardholder Name

Expiry mm/yy

Signature

Date ____ / ____ / ____

Name of Org

Org Address

State Postcode

Org email for Invoice

Org is currently an MHCC member? Y N

Total Amount \$

PROMO CODE (if applicable)

For more information visit
www.mhcc.org.au/learning-and-development
or phone 02 9555 8388 ext 106