



TCC Emergencies Ministry

Spiritual Care in Disaster

Training & Registration Form

November 2014

The TCC Emergencies Ministry seeks to provide compassionate care in times of crisis. We provide emotional spiritual care, personal support, psychological first aid, and contribute to outreach in the event of a disaster or emergency. As part of the Tasmanian State Emergency Plan, through the activation of the regional social recovery committee, The TCC is the primary agency whose sole purpose is to deliver pastoral care in times of crisis.

We hope to continue building on our network by training and accrediting volunteers who can provide Pastoral & Spiritual care in disaster settings and the emergency context. Margaret Savage (TCC Trainer- South) will be conducting the training. Paul Hueston (Southern Regional Coordinator) will be assisting.

Venue:	To be Advised – Hobart Area
Proposed Dates:	6th – 7th November 2014
Time:	9am-4:30pm (Both Days)

RSVP 24th October 2014
Bob Faser - TCC Secretary
Details in header above

PROVIDED:

- Handouts & Materials
- Morning & Afternoon Tea & Refreshments

PLEASE BRING WITH YOU:

- Your Lunch along with any specific dietary requirements
- Notepad, Pen & Paper

REGISTRATION

1. Simply fill out the attached registration form and return to the TCC at the details at the top of the page.
2. TCC will then seek endorsement from your denomination / head of faith community for your participation and accreditation with TCC EM and affirm you are in good standing with your faith community.
3. TCC will invoice the denomination for the cost of training.
4. TCC will confirm your place in the training.

NB. Cost: This training will cost \$100, however we will invoice your denomination / faith community.

Queries & Enquiries (business hours only)

Please call: Paul Hueston (Southern Region Social Recovery TCC EM Rep)
Office: (03) 6222 8111
Mobile: 0400 422 009

We look forward to seeing you at this and/or future training events.
With Best Regards,

Paul Hueston
On behalf of TCC Emergencies Ministry



TCC Emergencies Ministry

Training Registration Form

PO Box 166
New Town TAS 7008
Email: tcctas@bigpond.net.au

Training Registration Form

Details:

Title: _____ First Name: _____ Last Name: _____ Gender: M / F

Date of Birth _____

Home Address: _____

Town: _____ Postcode: _____

Postal Address: _____

Home Phone: _____ Office Number _____

Mobile Number: _____

Email: _____

Language/s Spoken: _____

Religion: _____; If Christian, which Denomination _____

Faith Community (Church): _____

Your Clergy's Name: _____

Clergy's Contact Number: _____

Local Government Area: _____

Police Check Number: _____

Police Check Date: _____

Prior Training / Experience: (Please circle any that are appropriate)

Grief & Loss, CISM, CPE, Cert IV Chaplaincy, EMLO, AAIMS, Personal Support, Red Cross, Mental Health, Em Mgt,

Other / More Information: _____

Date of training: _____

Prior Experience / Deployment: (Include Event/s / Location/s)

Deployment Date/s: _____

Consent for ID:

I hereby consent to having my photograph taken at the training event for the purpose of generating an Identification Card.

Nb. Images may be recorded at the training for the purpose of promotion of TCC Emergencies Ministry's. (Please indicate to training staff on the day if you would not like your face to appear in general photographs)

Signed: _____

Dated: _____