



Tasmanian Council of Churches Emergencies Ministry

Training & Registration

c/-35 Tower Road
PO Box 166
New Town TAS 7008
Email: emprojects@tcctas.org.au
ABN: 87 607 894 108

TCC Emergencies Ministry

Personal Support Training

Training Information & Registration Form

November 6–7 2014

St Clements, Kingston

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:	St Clements Anglican Church, 100 Beach Rd, Kingston
Proposed Dates:	6th–7th November 2014
Time:	9 am – 4:30 pm (both days)
Cost:	\$100.00

RSVP 24th October 2014
Gus Yearsley - TCC Emergencies Ministry Project Officer
Details in header above

PROVIDED:

- Handouts & materials
- Morning & afternoon tea

PLEASE BRING WITH YOU:

- Your lunch, along with any specific dietary requirements
- Notepad, pen & paper (or tablet/phone)

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 church/faith community/denomination for your participation and accreditation with TCC EM and affirm you are in good standing with your faith community.
3. TCC will invoice you for the cost of training. Please advise on the registration form if your church/faith community/denomination has agreed to pay for your training.
4. TCC will confirm your place in the training.

Queries & Enquiries (business hours only)

Please contact: Gus Yearsley (TCC EM Project Officer)
Office: (03) 6247 9187
Mobile: 0432 620 253
Email: emprojects@tcctas.org.au

We look forward to seeing you at this and/or future training events.

With best regards,

Gus Yearsley
On behalf of TCC Emergencies Ministry



TCC Emergencies Ministry

Training Registration Form

PO Box 166
New Town TAS 7008
Email: emprojects@tcctas.org.au

Training Registration Form

Details:

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

Date of Birth ____/____/____

Home Address: _____

Suburb/Town: _____ Postcode: _____

Postal Address: _____

Home Phone: _____ Office Phone _____

Mobile Phone: _____

Email: _____

Language/s Spoken: _____

Religion: _____ If Christian, which Denomination _____

Faith Community (Church): _____

Your Clergy/Pastor's Name: _____

Clergy/Pastor's Contact Number: _____

If your registration fee is to be paid by someone other than yourself (eg, your local church/faith community/denomination) please provide details here:

Contact Name: _____

Address: _____

Email: _____

Phone: _____

Local Government (Council) Area: _____

Police Check Number*: _____

Police Check Date*: _____

* Please attach a copy of your Police Check to this form. If you don't have a Police Check dated within the last two years, please contact the TCC.

Prior Training / Experience: (Please circle any that are appropriate and provide dates and other information)

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

Other / Dates and More Information: _____

Prior Experience / Deployment: (Include Event(s), Date(s) and Location(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. (Please indicate to training staff on the day if you would not like your face to appear in general photographs)

Signed: _____ Date: ____/____/____