****

**Restorative Practices**

**Training of Trainers** 2024

APPLICATION FORM

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**Please complete and sign this form and return it to George Best at CDI on** **george@cdi.ie** **by**

**Wednesday the 25th of June 2024 (for July Courses)**

**Monday the 5th August 2024 (for August curse)**

**If you have any questions about this form or our Restorative Practices Training of Trainers Course call Claire on 087 280 6450 or George on 01 910 3075**

**Name:**

**Address:**

**Organisation:**

**Job Title/Role:**

**Phone:**

**Email:**

**Teaching Council Number (if applicable):**

**Course venue and dates that you are applying for:**

|  |  |
| --- | --- |
| **Dates and Venue** | **Yes?** |
| 9.30am-2.30pm July 1st to 5th & 10am-3pm, September 28th & November 9th 2024[Childhood Development Initiative, Tallaght, D24 PK6P](https://www.google.com/maps/place/Childhood%2BDevelopment%2BInitiative/%4053.2920532%2C-6.3920063%2C17z/data%3D%213m1%214b1%214m6%213m5%211s0x486774b972f18ed7%3A0x7afaea05d40640e4%218m2%213d53.2920532%214d-6.3894314%2116s/g/1q5hrjbz4?authuser=0&entry=ttu) |  |
| 9.30am-2.30pm July 8th to 12th & 10am-3pm October 5th & November 16th 2024[Mitchelstown Enterprise Centre, Co. Cork, P67 X660](https://www.google.com/maps/place/Mitchelstown%2BEnterprise%2BCentre/%4052.2756614%2C-8.2741231%2C17z/data%3D%213m1%214b1%214m6%213m5%211s0x4843571a1611c4c1%3A0x7d16a8df50402e5f%218m2%213d52.2756614%214d-8.2715482%2116s/g/11gwmhm9q9?authuser=0&entry=ttu) |  |
| 9.30am-2.30pm August 12th to 16th & 10am-3pm October 19th & December 7th 2024[Childhood Development Initiative, Tallaght, D24 PK6P](https://www.google.com/maps/place/Childhood%2BDevelopment%2BInitiative/%4053.2920532%2C-6.3920063%2C17z/data%3D%213m1%214b1%214m6%213m5%211s0x486774b972f18ed7%3A0x7afaea05d40640e4%218m2%213d53.2920532%214d-6.3894314%2116s/g/1q5hrjbz4?authuser=0&entry=ttu) |  |

1. **Please confirm that you have undertaken the following CDI Restorative Practices training (please put ‘Yes’ in each box that applies):**

|  |  |  |
| --- | --- | --- |
| **Course** | **Date (MM/YYYY)** | **Yes?** |
| Getting Started with Restorative Practices |  |  |
| Restorative Practices Facilitation Skills |  |  |
| Using Restorative Practices to Strengthen Positive Classroom and School Norms (RP Summer Course for Teachers) |  |  |

1. **Have you undertaken any other training in restorative practices to date?**
2. **Describe your experience of using restorative practices in your life and/or work.**
3. **What is your motivation for applying for this course?**
4. **Please provide any other information you believe is relevant to your application for this course.**

**Declaration:**

**Between September and December 2024, I will be in a position to deliver a minimum of eight hours RP Training to a group of trainees that I have already identified and which will be observed by a CDI Restorative Practices Quality Specialist.**

**I understand that being observed delivering CDI’s RP training is required to graduate this course.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**