## TRAINING APPLICATION

**Please Print or Type** 

Mail To:	Colleague Trainin	ıg			
	Training Base Name				
	Training Base Add	ress			
	e/Agency Name				
Clubhouse/Agency Address					
Telephone Number					
Email Address					
Clubhouse	e Director				
When and	Where Trained				
Please check the Type of Training requested:					
] S	First Time Clubhouse Training (New Clubhouses) This includes training and housing for the Director, one staff member, one Clubhouse member, and a final week Board member or Auspice Agency representative.  \$6,500 USD				
C	The fee includes a post-site visit to the Clubhouse for onsite consultation and assistance, approximately nine months after the training.				
7	Clubhouse Training (Established Clubhouses) This includes training and housing for one staff member, one Clubhouse member and a 3 <sup>rd</sup> week Board member, Director or Auspice Agency representative.*  • Additional people for the entire training period = \$1,600US per person  \$4,500 USD				
	<ul><li>Additional Adminis</li><li>\$625US per per</li></ul>		for the last week of training		
	The Training Bases for Training is the same a		oviding the Two-Week Pilot		



## TRAINING APPLICATION

One-Week Specialized Track Fee This includes one staff member and one member.  • Additional participants are \$800US p		\$1,500 USD			
Three-Day Orientation/Overview Visit f Additional participants are \$400US per pe		\$800 USD			
Dates of Training requested:	_				
Please list the names and Clubhouse position (memwant to send for training:  Name:  Name:  Name:  Third week Administrator (second week Administrat	Position: Position: Position:				
Training reservations will be confirmed when a completed application and a non-refundable deposit of 50% of the tuition is received. The non-refundable deposit is applicable for the confirmed dates only. Final payment is due ten days prior to arrival.  Post-training site visits are negotiable and are scheduled approximately six to nine months after the training experience. The Training Base and the Clubhouse requesting a post site visit will share in the cost of the visit.					
Clubhouse Director Signature:	Date:				
Name of Auspice Agency (if applicable)					
Please indicate below the name and signature of the Auspice Agency:	e authorized repre	esentative of the			
Name:					
Signature:	Date: _				
Thank you for your application. We will be in touch v	with you in the ne	ar future.			
Please visit www.clubhouse-intl.org/training-programs/ for more information					