

## **Living with Cancer Education Program Facilitator Training**

### **INFORMATION & OVERVIEW OF APPLICATION FORM**

Living with Cancer Education Program (LWCEP) facilitator training covers areas such as group facilitation skills, adult learning techniques, and marketing skills. The training orients participants to the facilitators' manual, CD ROM and DVD. The training also offers participants an opportunity to network with other health professionals along with Cancer Council Victoria staff.

### **SELECTION CRITERIA**

All course applicants are required to complete this application form. Please phone the LWCEP Program Managers, Michele Meachen or Sue Hegarty on (03) 9635 5312 to discuss your application or if you are unsure of your eligibility.

#### **Selection for participation in the training is based on the following criteria:**

1. Current knowledge and experience in working with people with a cancer diagnosis.
2. Completion of professional training or relevant work experience in a field such as social work, nursing, occupational therapy or other allied health
3. Applicability of the training and program to current workplace practice/duties/role.
4. It is a requirement to facilitate the program in pairs. Please train with a co-facilitator or make inquiries within your organisation if there are any current facilitators before applying for this course.

### **IMPORTANT TRAINING COURSE DETAILS:**

To become an accredited facilitator you need to:

- Attend the two day training course
- Deliver a Living with Cancer Education Program in your workplace within 6 months of completing the course
- Submit a case study from your first program
- Attend a Living with Cancer Education Program facilitator update every two years

### **THE FACILITATOR'S KIT**

To deliver a Living with Cancer Education Program you are required to have access to the Facilitator's Kit [manual, CD ROM and DVD].

**One kit per workplace is normally sufficient.**

Please refer to the Resource Order Form for costing and further details.

## Living with Cancer Education Program Facilitator Training

### APPLICATION FORM

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_  
\_\_\_\_\_

Current role: \_\_\_\_\_

Years spent working in  
oncology: \_\_\_\_\_

Organisation: \_\_\_\_\_

Organisation street  
address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_

Are you interested in offering any programs in any languages other than  
English? Yes / No

If yes, which languages?  
\_\_\_\_\_



## Living with Cancer Education Program Facilitator Training

How did you find out about the Living with Cancer Education Program facilitator training?

- Colleague
- Training flyer
- Cancer Council Victoria website
- Cancer News Publication
- Cancer Council Victoria staff
- other:

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### **GROUP WORK EXPERIENCE / TRAINING**

Please list experience you have had in running group programs and any training you have undertaken in group facilitation.

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Please list what your expectations are of the Living with Cancer Education Program Facilitator training

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## Living with Cancer Education Program Facilitator Training

### Agreement between Cancer Council Victoria, Auspicing Organisations and Course Facilitators

The facilitators have the agreement of their workplace to conduct the Living with Cancer Education Program as collaboration between themselves and Cancer Council Victoria.

- The facilitator agrees to facilitate a Living with Cancer Education Program within 6 months of the training, obtain accreditation following the training and continue to maintain accreditation whilst they wish to remain a facilitator. If the facilitator no longer wishes to deliver the program they are obliged to contact the Living with Cancer Education Program Manager.
- That the name "The Living With Cancer Education Program" is not altered in any way and that the contents and name of the Living With Cancer Education Program including the manual, brochures, posters, etc. are the intellectual property of Cancer Council of Victoria. Cancer Council Victoria is to be acknowledged in all publicity of the Program. The Living With Cancer Education Program Manager should be advised in writing if the Living with Cancer or Cancer Council Victoria logo is to be used.
- Facilitators should discuss with the Living with Cancer Education Program Managers, in advance, of any proposed major changes to the standard program. This includes the length of the program and any other changes.
- Facilitators are required to notify Cancer Council Victoria **at least three weeks** prior to conducting a Living with Cancer Education Program. If the program does not commence, the Program Managers must be advised as soon as possible.
- Facilitators are required to have set the date for their first program prior to attending the training. Please call the LWCEP program managers prior to submitting this form to discuss the planning of this first program.

**Date of your first program:**

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**Program length:**

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**Co-facilitator:**

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**Facilitator's Name:**

**Signature:**

**Date:**

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### **MANAGERS DETAILS**

**Name:**

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**Job Title:**

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**Postal Address:**

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**Phone number:**

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**Signature:**

**Date:**

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## Living with Cancer Education Program Facilitator Training

### Registration Form 2012

Cancer Council Victoria ABN 61 426 486 715

***Payment will be processed when the application form is received. A receipt will be mailed to you within four weeks of payment.***

***Registration fees are GST free. As The Cancer Council Victoria is a charity, it is permitted by GST legislation to treat the Living With Cancer Education Program Course as a GST free supply.***

**Name of applicant:** \_\_\_\_\_

Dates     15 & 16 May 2012     11 & 12 September 2012

**TOTAL: \$200.00**

**Facilitator Kits are NOT included in the training.  
Please refer to resource list for Living With Cancer Education Program materials.**

**Payment options please complete:**

Please debit my credit card for \$\_\_\_\_\_ Name on Card: \_\_\_\_\_

Type (***please circle***):    Visa                      Amex                      Diners  
                                         MasterCard              Bankcard                      Other: \_\_\_\_\_

Number on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_                      CCV: \_\_\_\_\_

Signature: \_\_\_\_\_

Please tick if you would like your organisation invoiced for your training fee

Name of organisation \_\_\_\_\_

Attention (contact person) \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Please find cheque enclosed made out to Cancer Council Victoria

Please sign the **Application Form** and **Agreement** and return with **Payment** to:

Michele Meachen and Sue Hegarty  
LWCEP Program Managers  
Cancer Information and Support Service  
Cancer Council Victoria, 1 Rathdowne Street, Carlton Vic 3053  
Phone: 13 11 20 Fax: 9635 5290 Email: [lwcep@cancervic.org.au](mailto:lwcep@cancervic.org.au)