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Name: _____ iMIS Number: _____

Area: _____

Designation: Trainer Candidate Trainer WAGGS Trainer

Please indicate the modules you have trained this year and/or are interested in training. Also indicate the Alberta Council trainings/events you are interested in being the coordinator or part of the coordinating team.

Alberta Council Volunteer Opportunities for you

- Be a Trainer Mentor
- Travel to other Areas to Train
- Be a Telephone Trainer
- Be an Adobe Connect Trainer
- Be an OAL Mentor
- Be a Team Trainer

Act as a Coordinator for: *Please note the last year you coordinated the event.*

- Adult Art Events _____
- Commissioners' Workshop _____
- Multi-Faceted _____
- Trainers' Workshop _____
- VAN-GO _____

Train at Alberta Council Sponsored Events: *Please note the last year you trained at the event:*

- Adult Art Events _____
- Commissioners Workshop _____
- Multifaceted Event _____
- Trainers Workshop _____
- VAN-GO _____
- Wild Rose _____
- OAL _____

Foundation Modules
(recommended hours in left column)

		Trained this year	Interested in training	Want to Team Train
2.5	Safe Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Unit Guider Stream	Branch					Trained this year	Interested in training	Want to Team Train
		S	B	G	P	R			
1	About the Girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	All About Your Branch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Quick Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Putting the Pieces Together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Building Unit Guider Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Outdoor Activity Leader (OAL) Stream

1.5	Residential Camping: Leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Residential Camping: Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Residential Camping: Food & Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Residential Camping: Camp Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foundation Modules
(recommended hours in left column)

		Trained this year	Interested in training	Want to Team Train
3.5	DC Getting Started: Foundation of your Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	DC Getting Started: District Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	DC Getting Started: Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	DC Getting Started: Building your District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	DC Getting Started: Risk management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administrator Stream

2.5	Effective Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Building Strong Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Conflict Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trainer Stream

3	Understanding the Adult Learner** <i>Not part of Trainer Stream, but pre-requisite</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Training Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Training Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Facilitation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Training the Streams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enrichment Modules		Recommended Hours	Trained this year	Want to train	Want to Team Train		Recommended Hours	Trained this year	Want to train	Want to Team Train
Unit Guider Working with Girls	Dramatic Arts	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicating with Girls	2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exploring the Branches	1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Girl EmPower	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Promise and Law	2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Girls for Safer Communities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	International Guiding	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Girls United: Helping Girls Connect in Healthy Ways	2.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leading Active Games	2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Activity Leadership (Tent)	Planning and Packing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tents and Tarps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kitchens and Cooking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activities and Program		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC More Depth	Foundation of your Position	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	District Administration	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Human Resources	3.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building your District	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Risk Management	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	Bias Awareness/Equity	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Strong Teams	2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict Management	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effective Communication	2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Event Planning	3.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mentor Training	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Financial Management	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Management	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time Management	2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other sessions (e.g., arts, science, program ideas, unique skills, etc.) you have trained this year and/or are willing to in the future.	Trained this year	Interested in training
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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