

Positive and protective: promoting healthy sexuality in children and young people



CHCCHILD403B Promote the safety, well-being and welfare of children, young people and their families

> Course

It is natural for children and young people to be curious about sexuality and to express their thoughts and feelings through their behaviours and relationships. Understanding child sexual development can help adults feel confident to talk to children and young people about sexuality and relationships and to respond positively to sexual behaviours when they happen. Helping children to be safe is also one of our most important responsibilities.

Participants in this course will explore and discuss resources and strategies for promoting healthy sexual development and personal safety skills. The information and resources presented are grounded in the latest research and practice and will assist professionals in their work with children and young people as well as supporting parents and carers to communicate positively and protectively with their children.

> Who should attend?

Staff working with children and young people in a range of settings including:

- schools
- out of school hours and vacation care
- respite care
- alternative education programs
- youth services

> Course content

- understanding sexual development of children and adolescents
- introduction to the Traffic Lights framework for identifying what is normal, concerning or problem sexual behaviours of children and young people
- strategies for teaching about sexuality and self protection
- creating a positive and protective environment

To register please fill in the attached registration form and fax to 07 3250 0294.

> Course details

Location	Cairns*
Date	Tuesday, 24 July 2012
Time	9.00am to 1.00pm
RSVP	29 June 2012
Cost	\$90 per person
Refreshments	Tea/coffee

*The venue address will be advised upon acceptance of registration and after RSVP date.

Registration is mandatory to enable attendance at the course.

> Course accreditation

Successful completion of the training and assessment will lead to a Statement of Attainment in **CHCCHILD403B Promote the safety, well-being and welfare of children, young people and their families**, in partial completion of the qualification CHC41508 Certificate IV in Child, Youth and Family Intervention (Child Protection).

Assessment for this course includes work-based activities related to the unit of competency and will require additional work outside of course contact time.

Recognition of Prior Learning (RPL), Recognition of Current Competency (RCC), credit transfer and language, literacy and numeracy support is available for this course.

For more information about training and assessment, view FPQ's Training Handbook at <http://www.fpq.com.au/pdf/TrainingHandbook.pdf>

For more information

Family Planning Queensland
PO Box 215, Fortitude Valley QLD 4006
Phone 07 3250 0240 **Fax** 07 3250 0294
Email education@fpq.com.au

www.fpq.com.au

If you do not wish to receive further information about Family Planning Queensland education please phone 07 3250 0240 or email education@fpq.com.au

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Submission of this course registration does not guarantee a place in the course. All applicants will be contacted after the RSVP date, and if accepted into the course, provided with venue information. Late registrations may be accepted if space permits.

Personal details			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other _____		
First name			Last name
Date of birth	/ /	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____
Home contact details		Employment contact details	
Preferred contact	<input type="checkbox"/> Home <input type="checkbox"/> Work	Organisation	
Street		Job title	
Suburb		Street	
State		Suburb	
Post code		State	
Home phone		Postcode	
Mobile phone		Phone	
Email		Fax	
		Email	
Line manager to complete			
By signing this form you are indicating your support for your employee to enrol in this course conducted by Family Planning Queensland. Should the employee undertake assessment you will be expected to provide the necessary support to enable them to successfully complete the unit of competency. You will also be requested to complete an employer satisfaction survey as part of our ongoing quality improvement process.			
Line manager's name			
Position			
Phone		Email	
Signature		Date	

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Course registration (continued)

Payment of course fees			
Please return this form together with full payment of fees in order to register for this course. Payments will be processed on or after RSVP date.			
Payment will be made by: <input type="checkbox"/> Self <input type="checkbox"/> Organisation <input type="checkbox"/> Self (but will be reimbursed)			
Cheque	For \$ _____ enclosed		
Credit card	<input type="checkbox"/> Visa	Name on card _____	
	<input type="checkbox"/> Mastercard	Card number _____	
	Expiration date ____ / ____		CVV (3 digits from back of card) _____
Receipt	Name to be shown on receipt: _____		Receipt to be sent to:
			<input type="checkbox"/> Home email <input type="checkbox"/> Home address <input type="checkbox"/> Work email <input type="checkbox"/> Work address
Cancellation and refund policy			
Where a course is cancelled by FPQ, or no place is available to the participant, participants will be entitled to a full refund in all circumstances. FPQ is not responsible for travel-related costs that may be incurred as a result of cancellations. Funds may be transferred to an alternative course if authorised by the participant.		Where a participant cancels with written notice to FPQ at least 14 days prior to the commencement of the course, a full refund is available. Where a participant cancels less than 14 days prior to the commencement of the course there is no refund except under exceptional circumstances – written evidence may be required to effect the refund.	
Participant declaration			
<input type="checkbox"/> I have read the FPQ Training Handbook (available at www.fpq.com.au/pdf/TrainingHandbook.pdf) and understand that by signing below I am agreeing to abide by the terms and conditions contained herein.			
<input type="checkbox"/> I have read FPQ's Privacy Policy (available at www.fpq.com.au/pdf/PrivacyPolicy.pdf)			
Participant's name	_____		
Participant's signature	_____	Date	_____
Additional information			
How did you hear about this course?	<input type="checkbox"/> FPQ website	<input type="checkbox"/> Word of mouth	
	<input type="checkbox"/> Email from FPQ	<input type="checkbox"/> Conference or network meeting	
	<input type="checkbox"/> Email from other network	<input type="checkbox"/> Other _____	
Do you require assistance due to a disability or other reason? If so, please indicate.	<input type="checkbox"/> Mobility impairment	<input type="checkbox"/> Visual impairment	
	<input type="checkbox"/> Learning difficulty	<input type="checkbox"/> Hearing impairment	
	<input type="checkbox"/> English as a second language	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Literacy support		

Please return by fax to 07 3250 0294 or by mail to FPQ, PO Box 215, Fortitude Valley Qld 4006