

Understanding and responding to problem sexual behaviours in children and adolescents (Traffic Lights framework part 2)



CHCIC620C Manage complex behavioural situations

> Course

Children and adolescents who demonstrate concerning or problem sexual behaviours require support to develop the skills and attitudes to lead healthy and safe lives. Drawing on current research and practice, this course provides participants with a positive response framework which will support them to identify, review and respond to the needs of children and adolescents with problem sexual behaviours.

> Who should attend?

Professionals in case management roles working with children and adolescents in a range of settings including:

- schools
- child protection
- residential and alternative care
- counselling and family support

> Course content

This training will help participants to:

- use the Traffic Lights framework to identify the characteristics of normal, healthy sexual behaviours as well as those which are concerning, problematic or harmful
- understand concerning and problem sexual behaviours using a psychosocial model
- explore bridges and barriers to prevention, protection and reporting
- formulate positive strategies to meet the needs of children and adolescents in home, school and community contexts
- develop comprehensive support plans using a multi-systemic approach

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

> Course details

Location	Townsville*
Date	Wednesday, 18 July 2012
Time	9.00am to 4.00pm
RSVP	22 June 2012
Cost	\$165 per person
Refreshments	Tea/coffee and light lunch

*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 **CHCIC620C Manage complex behavioural situations**, in partial completion of the following qualification CHC51208 Diploma in Child, Youth and Family Intervention.

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