

“Breaking Point –Breaking Through”

“A new resource to prevent adolescent violence towards Parents “

A case work tool for use with parents and a
Group tool “**RAGE**” for use with adolescents

Target Audience:

Family support workers, youth workers, community workers. In general workers providing services to families, adolescents, parents and women.

Workshop Outline:

- *Introduction to the key concepts and explanations of adolescent violence against Parents
- *How to use the Breaking Point-Breaking Through resource
- *Develop hands on practical experience in implementing the resource

Learning Outcomes:

By the end of training participants will be able to :

- Understand the key issues about adolescent violence against parents
- Confidently facilitate the “RAGE” program with adolescents
- Work efficiently with parents and carers of adolescents who are behaving violently in a casework setting

Presenter: Anoop Johar-Violence Prevention Specialist

Anoop has been involved in working on violence against women issues For more than 17 years and brings great expertise to the field.

Date: 28 May , 2008 Time: 9am—1.00pm

**Venue: Tebbett Room, Deerubbin Centre
Windsor Library, 300 George St, Windsor**

Cost: \$30 NGO / \$55 Govt Course Code: FW18BPT



Family Worker Training
+ Development Programme INC.

Family Worker Training + Development Programme Inc

2008 TRAINING REGISTRATION FORM

Tax Invoice: ABN: 54 960 560 044

Ph: (02) 9620-6172

Fax: (02) 9620 6173

www.fwt dp.org.au

(All fees include GST)

Please ensure **ALL** sections, even if it seems to be irrelevant, are answered as incomplete forms might not be accepted.

This registration form is a **Tax Invoice** we **do not** issue receipts or other invoices.

Please **PRINT** clearly

Registrations are Required 2 Weeks Prior to Training to ensure place:

Course Code:

Course Date/s:

Course Name:

Location:

Cost:

Unless Otherwise Stated ALL Courses: (Full Day \$50 NGO/\$110 Govt) (Half Day \$30 NGO/\$55 Govt)
NO PHONE or EMAIL bookings will be accepted.

Attendee Name: _____

Current Role: _____

Gender: Female Male

Cultural Background: Aboriginal/Torres Strait Islander CALD or Other (Anglo)

Have you attended FWTDP Training events before? Yes Often Yes Occassionally No

Has your agency sent other workers to FWTDP Training before? Yes Often Yes Occassionally No

Name of Organisation: _____

Work Postal Address: _____

Work Phone: _____ **Work Fax:** _____

Mobile: _____ **P/Code:** _____

EMAIL: _____ *(email must be provided)*

Are you a member of FWTDP Yes No

Organisation Type: (Please tick ✓)

- Families N.SW Project (CP)
- Families N.SW. Project (Nepean)
- Family Support Service
- Children's Service
- ACYFS Funded Project

- SAAP
 - Youth Service
 - Govt Agency (specify below)
 - Other (specify below)
- Specify: _____

Payment Options:

- For Credit Card or Direct Debit go to: www.fwt dp.org.au and follow the links.
- Send a cheque or Money Order with registration form to
PO Box 390, Seven Hills NSW 1730

Term and Conditions:

Can be found on our website

www.fwt dp.org.au