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**Contract of Agreement for Parents Plus Special Needs and Early Years Programme Sponsorship 2022**

Participation in the Parents Plus Special Needs/Early Years Programmes, funded by JP McManus Benevolent Fund, allows successful applicants to receive

* Full programme materials free of charge.
* Training in the Parents Plus Special Needs Programme training 3 modules **Sept. 7th, 9th and 14th 2022,** (9 am – 1.30)

Parents Plus Early Years Programme training 5 modules **Sept. 15th, 16th, 21st, 22nd and 23rd 2022** (9 am – 1.30)

* Post training support and supervision.
* Support towards becoming an accredited facilitator.

The opportunity to participate in this programme is being supported by JP McManus Benevolent Fund to improve services to families.

**Conditions of Participation in the sponsored training**

Once the **successful applicants from each service** have been confirmed, they will attend the training and a set of programme materials will be given to each of them, along with the material they need to monitor outcomes.

**Each facilitator must agree to:**

* Attend an initial planning/shortlisting meeting **with their line manager and Parents Plus** prior to places being confirmed
* Attend the agreed facilitator training for the Special Needs or Early Years Programme online via Zoom
* Each person trained will co-facilitate the programme at least **twice** in their service within 18 months months of training, with the first programme beginning in Oct. 2022, with final session completed by early December, either online or face-to-face.
* Note the time commitment to deliver the group can be one day a week for the duration of the programme (2 -2.5 hour group, one hour meeting with co-facilitator, one hour preparation and one hour follow up with parents). The Special Needs programme has seven group sessions, the Early Years Programme has 6-12 sessions depending on context, with sessions run over consecutive weeks.
* Participate fully in the monitoring and evaluation of programme outcomes by collecting pre, post and follow up questionnaires from parents at an individual introductory meeting prior to the group beginning, again in the final group session and then at follow up. These forms must be anonymised and returned to Parents Plus for an evaluation supervised by Trinity College Dublin
* Maintain contact with a Parents Plus Trainer/Supervisor over a period of 18 months post training when running the groups.
* Follow the Parents Plus Manual and evidence-based [Quality Protocol](https://www.parentsplus.ie/resources/) in the delivery of the groups and attend supervision as necessary.
* Must comply with [Parents Plus Licensing Guidelines](https://www.parentsplus.ie/parents-plus-licensing-guidelines-for-facilitators/)

\*All relevant people to sign below to confirm that they have read and agree to the conditions of this sponsored training.

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| --- | --- | --- | --- | --- |
| **Name of Facilitators** | **Job Title** | **Organisation/Location** | **Email** | **Phone** |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Name of First Line Manager** | **Job Title** | **Organisation/Location** | **Email** | **Phone** |
|  |  |  |  |  |
| **Name of Second Line Manager** | **Job Title** | **Organisation/Location** | **Email** | **Phone** |
|  |  |  |  |  |
| **Name of Third Line Manager** | **Job Title** | **Organisation/Location** | **Email** | **Phone** |
|  |  |  |  |  |

**First facilitator’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Second facilitator’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Third facilitator’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First line Manager’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Second line Manager’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Third line Manager’s signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**